04640

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Baltimore — Registration Dist. No. 30

Village or City: Colonsville — No. Mapel Grove Home — St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Emma Ahlsleger — If U. S. Veteran, specify WAR

(a) Residence: No. Mapel Grove Home, Arbutus Ave — St., Ward — 1532 Poplar Grove St. Balto. Md.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Aug 20 - 1865

7. AGE: Years 74 — Months 9 — Days 2 — If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: At home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER:
13. NAME: Wm Ahlsleger
14. BIRTHPLACE (city or town) (State or country): Md

MOTHER:
15. MAIDEN NAME: A. Rebecca High
16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT (Address): Mr L K High

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Olivet — Date: May 24, 1939

19. UNDERTAKER (Address): Chas E. Franck, 802 Madison Ave

20. FILED: 5/22, 1939 — H. C. Sudreal, Registrar. Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 22 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from October, 1939, to May 22, 1939

I last saw her alive on May 19th, 1939; death is said to have occurred on the date stated above, at 4:30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute Diarrhoea with dehydration and exhaustion — Date of onset 5/20/39

Cardio Vascular Disease - Hypertension

Other Contributory Causes of importance: Fracture neck right femur - old - sustained October 1938

Name of operation: None — Date of —

What test confirmed diagnosis? Clinical — Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following: no

Accident, suicide, or homicide? — Date of Injury October 1938

Where did Injury occur? at home (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Home

Manner of injury: Slipped + fell

Nature of injury: Fracture neck right femur

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Albertus Cotton M. D.

(Address) 101 E. Preston

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

COPIED MAY 25 1939 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

04641

STATE OF MARYLAND—CERTIFICATE OF DEATH

94P

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 38

Village or City Rodgers Forge No. 231 Dunkirk Road St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James M. Aires If U. S. Veteran, specify WAR —

(a) Residence: No. 231 Dunkirk Road St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna S. Aires

6. DATE OF BIRTH (month, day, and year): Feb. 14, 1861

7. AGE: Years 78 | Months 3 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Millwright
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Retired
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER
13. NAME: Andrew Aires
14. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

MOTHER
15. MAIDEN NAME: Katherine Sapp
16. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

17. INFORMANT (Address): Mrs. Sophia Keller, 231 Dunkirk Road

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore Cemt. Date: June 3, 1939

19. UNDERTAKER (Address): George W. Zirkler, 1737 E. Eager St.

20. FILED: 6/2, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 31 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from November, 1937, to May 31, 1939

I last saw him alive on May 31, 1939; death is said to have occurred on the date stated above, at 12:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	5/31/39

Other Contributory Causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) H E Reipschneider M. D.

(Address) 2939 Eastern Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

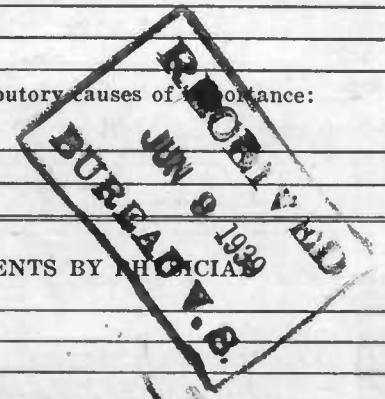
Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*



ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

04642

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Baltimore (50) Registration Dist. No. 38

Village or City Towson No. 208 E Joppa Rd St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Edith Allen Alcock If U. S. Veteran, specify WAR

(a) Residence: No. 208 E Joppa Rd St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John L Alcock

6. DATE OF BIRTH (month, day, and year): Aug 14, 1875

7. AGE: Years 63 | Months 8 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: At Home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Self

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Grafton W. Va.

FATHER

13. NAME: Solomon Lewis Allen

14. BIRTHPLACE (city or town) (State or country): Oak Mills North Branch Md

MOTHER

15. MAIDEN NAME: Laura Ellis

16. BIRTHPLACE (city or town) (State or country): Martinsburg W Va

17. INFORMANT (Address): John L Alcock Towson Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Druid Ridge Date: 5/15, 1939

19. UNDERTAKER (Address): William Cook 1217 St Paul St

20. FILED: May 15, 1939 [illegible] Vanhorn Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 13 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 1935, 19, to 5-13, 1939

I last saw her alive on 5-13, 1939; death is said to have occurred on the date stated above, at 3 PM m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
CARCINOMA OF BREAST	1935

Other Contributory Causes of Importance:

Name of operation: RADICAL BREAST Date of 1935

What test confirmed diagnosis? MIC. SECTION Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John L. Dorsey M. D.

(Address) 1129 St. Paul St

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
JUN 3 1929
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

04643

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (940)

County Baltimore Registration Dist. No. 34

Village or City Mt Carmel No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Irving M Benson

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Martha M Bailey

6. DATE OF BIRTH (month, day, and year) Oct 10-1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. own farm

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joshua L Benson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Rachel J Milles

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Irving M Benson

(Address) Mt Carmel Md

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Mt Carmel Date May 9, 1939

19. UNDERTAKER Edgar L Tipton

(Address) Hampstead Md

20. FILED May 7, 1939 C. E. Fowble M. D. Registrar.

Local.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 6 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1936, to May 6, 1939

I last saw him alive on May 4, 1939; death is said to have occurred on the date stated above, at 9 p. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
I) Angina Pectoris	1936
II) Arterio-sclerotic Heart Disease	Chron.

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Manning C. Porter M. D.

(Address) Hampstead, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED JUN 5 1927 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (E2-a) Reg. Dist. No. 33

CERTIFICATE OF DEATH

04644

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Reisterstown (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Cockeys Mill Road
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 24yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Reisterstown (If outside city or town limits, write RURAL and give town)
(d) Street No. Cockeys Mill Road (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Nellie McAlpin Berryman

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife John Buckler Berryman

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dec. 13, 1851

8. AGE: Years 87 | Months 5 | Days 3 | If less than one day ____ hr. ____ min.

9. Birthplace Georgia (Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Joseph McAlpin
13. Birthplace Georgia

MOTHER
14. Maiden Name Amindia Boudre
15. Birthplace Louisiana

16 (a) Informant Mrs. W. P. Bird
(b) Address Reisterstown, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18, 1939 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore City

18 (a) Funeral director J. F. Eline & Sons
(b) Address Reisterstown, Md.

19 (a) May 17/1939 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death May 16 1939, at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-17 1939, to 5-16 1939, and that I last saw ~~him~~ her alive on 5-14 1939.

Immediate cause of death	Duration
Cerebral Hemorrhage	4-17-39
Due to Hypertensive C-V. Disease	1934?
Due to	
Other conditions None.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? None (Specify type of place) While at work?
(e) Means of injury None.

23. Signature D. D. Caples, M. D. (M. D. or other)
Address Reisterstown, Md Date signed 5-17-39.

RECEIVED
JUN 2 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04645

1. PLACE OF DEATH

County Baltimore (82a) Registration Dist. No. 38

Village or City Idlewylde No. 6317 Branberry Rd St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Florence May Bode If U. S. Veteran, specify WAR .....

(a) Residence: No. 6317 Branberry Rd St., Ward. (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles G. Bode

6. DATE OF BIRTH (month, day, and year): 1878

7. AGE: Years 60 | Months | Days — | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: X

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: William Thomas Wilson

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country): Virginia G Cramblett Maryland

17. INFORMANT (Address): Mr Charles G Bode 6317 Branberry Rd

18. BURIAL, CREMATION, OR REMOVAL Place: Baltimore Date: May 30, 1939

19. UNDERTAKER (Address): William J Tickner & Sons North & Penna Aves

20. FILED 5/30, 1939 A. M. Bacon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 27, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 24th, 1939, to May 27th, 1939

I last saw her alive on May 27th, 1939; death is said to have occurred on the date stated above, at 10:35 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Terminal Hemiplegia	May 24/39
Cerebral Hemorrhage - C.W.G.R.	
Duration: six days	

Other Contributory Causes of importance:

Arteriosclerosis	Unknown

Name of operation: No operation Date of .....

What test confirmed diagnosis? Personal observation Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify —

(Signed) Wm Conrad Bode M. D.

(Address) 1900 Maryland Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (95-B) Reg. Dist. No. 23

CERTIFICATE OF DEATH

04646

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Glyndon (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 2 Chatsworth Ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 yrs.
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town ~~Baltimore City~~ (If outside city or town limits, write RURAL and give town)
(d) Street No. Glyndon Md. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: Clara Penn Branch

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Wm. R. Branch

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24, 1875

8. AGE: Years 63 | Months 9 | Days 25 | If less than one day ____hr. ____min.

9. Birthplace: Baltimore Co. (Town, county, and state)

10. Usual occupation: Saleslady in dept. store

11. Industry or business

FATHER
12. Name: George W. Penn
13. Birthplace: Baltimore Co.

MOTHER
14. Maiden Name: Emma V. Mc Caulley
15. Birthplace: Baltimore City

16 (a) Informant: Mrs. Alden Smith
(b) Address: Glyndon, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21, 1939 (month) (day) (year)
(c) Cemetery or crematory: Asbury M.E. Cemetery
Location: Reisterstown Balto. Co.

18 (a) Funeral director: J. F. Eline & Sons
(b) Address: Reisterstown, Md.

19 (a) May 20, 1939 (Date rec'd by registrar) (b) J. Frank Duttera Registrar

MEDICAL CERTIFICATION

20. Date of death May 19 1939, at 6:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-26 1938, to May 19 1939, and that I last saw her alive on May 19 1939.

	Duration
Immediate cause of death: Cerebral Hemorrhage	5-10-'39
Due to: Hypertensive C-V. Disease	1937?
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: No
(b) Date of occurrence
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? None (Specify type of place) While at work?
(e) Means of injury: None

23. Signature: D. D. Caples, M. D. (M. D. or other)
Address: Reisterstown, Md. Date signed 5-20-'39.

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JUN 2 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04647

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (23)

County Baltimore Registration Dist. No. 9 28

Village or City EUDOWOOD SANATORIUM, TOWSON, MD. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Edgerton Brickwedde If U. S. Veteran, specify WAR

(a) Residence: No. Knights of Columbus Home St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
m	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, and year) Sept 2 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Lawyer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1932 11. Total time (years) spent in this occupation 20+

12. BIRTHPLACE (city or town) Balto md (State or country)

FATHER

13. NAME John W. Brickwedde

14. BIRTHPLACE (city or town) New York City (State or country)

MOTHER

15. MAIDEN NAME Emma S. ?

16. BIRTHPLACE (city or town) Balto md (State or country)

Personal History--Hospital Records

17. INFORMANT (Name) Eudowood Sanatorium, Towson, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date May 26, 1939

19. UNDERTAKER William Cook (Address) 1217 St Paul St

20. FILED May 24, 1939 H. Worrall Van Horn Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 24 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1939, to May 24, 1939

I last saw him alive on May 24, 1939; death is said to have occurred on the date stated above, at 9.40A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Heart Failure	1939-May
Other Contributory Causes of Importance:	
T.B. chest wall	1932

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. A. Bridges M. D.

(Address) Towson, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastric ulcer	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (947)

04648

Coroners Case

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1 yr. 5 mths. 8 dys.

Stay in this community (yrs., or mos., or days): " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 3 Carter Avenue, Hamilton

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: unknown

3. (a) FULL NAME: Albert Brooker

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

8 (b) Name of husband or wife: Ellen Brooker

maiden name unknown 8(c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.): unknown

8. AGE: Years	Months	Days	If less than one day
about 62	unknown		hrs. min.

9. Birthplace: unknown (Town, county, and state)

10. Usual occupation: unknown

11. Industry or business: unknown

FATHER — 12. Name: unknown

FATHER — 13. Birthplace: unknown

MOTHER — 14. Maiden name: unknown

MOTHER — 15. Birthplace: unknown

18. Informant: Hospital records

Address

17. Buried (Burial, cremation, or removal. Which?) Date thereof: May 31 - 39 (month) (day) (year)

Cemetery or crematory: Spring Grove Cem

Location: Catonsville Md

18. Funeral director: Spring Grove

Address: Catonsville Md

19. May 31 1939 (Date rec'd by registrar) Marshall B West Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 29 1939, at 5:40 P.M. a.m.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ---- 19---, to ---- 19---, and that I last saw h--- alive on ---- 19---.

Immediate cause of death	DURATION
Coronary thrombosis	5-28-39
Due to Generalized arteriosclerosis	bef. 1937
Due to O.K. John B. Rowe, Coroner	
Other conditions: Schizophrenia	bef. 1927

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: see above

PHYSICIAN — Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: none

Accident, suicide, or homicide ---- Date of ----

Where did injury occur? ---- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ----

Means of injury ---- Injured at work?

23. SIGNATURE: Marshall B West M. D. or other

Address: Catonsville Md Date signed: May 31 - 39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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JUN 2 1939
BUREAU V. S.

(M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(1)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

04649

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 2 yrs. 3 mths. 16 dys.

Stay in this community (yrs., or mos., or days): " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: transient
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Augustus F. Burke

3. (b) Social Security Number: none

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: separated

6 (b) Name of husband or wife: Minnie McCloy

6(c) If alive, give age: unknown years

7. Birth date of deceased (mo., day, yr.): May 23, 1888

8. AGE: Years: 61 Months: - Days: 1 If less than one day: hrs. min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual occupation: reporter, newspaper salesman

11. Industry or business: odd jobs

FATHER
12. Name: Augustus F. Burke
13. Birthplace: Pennsylvania

MOTHER
14. Maiden name: Emma Barrett
15. Birthplace: Maryland

16. Informant: Hospital records

Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 5/29/39 (month) (day) (year)

Cemetery or crematory: Spring Grove Hosp Cem

Location: Catonsville Md

18. Funeral director: Spring Grove State Hosp

Address: Catonsville Md

19. 5/29 (Date rec'd by registrar) 1939 H. L. Lindsey Registrar Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 24 1939, at 2:30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 8 1937, to May 24 1939, and that I last saw him alive on May 23 1939.

Immediate cause of death	DURATION
Bilateral lobar pneumonia	5-22-39
Chronic myocarditis	before 1937
Due to Cirrhosis of the liver	before 1939
Old hemorrhage into the left	
Due to precentral area	before 1937
Other conditions: Schizophrenia	before 1937

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: see above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Silas W. Wettmer M.D. M. D. or other

Address: Catonsville Md Date signed: 5/27/39

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JUN 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (95-E) Reg. Dist. No. 40

CERTIFICATE OF DEATH

04650

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Kingsville (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Belair Road near Gunpowder Falls
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Kingsville (If outside city or town limits, write RURAL and give town)
(d) Street No. Belair Road near Gunpowder (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma J. Burton
3 (b) If veteran, name war
3 (c) Social Security No.
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife Edward Burton
6. (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan. 30th 1855
8. AGE: Years 84 Months 3 Days 13 If less than one day hr. min.
9. Birthplace Baltimore Co. Maryland (Town, county, and state)
10. Usual occupation At Home
11. Industry or business
12. Name of FATHER Andrew Sims
13. Birthplace of FATHER England
14. Maiden Name of MOTHER Mary Bohm
15. Birthplace of MOTHER England
16 (a) Informant William H. Burton
(b) Address Joppa Road Glenarm R.F.D.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16 1939 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Baltimore Md.
18 (a) Funeral director Frederick Easgalm & Sons
(b) Address 7401 Belair Road
19 (a) 5/14/39 (Date rec'd by registrar) (b) W. M. Hammett Registrar

MEDICAL CERTIFICATION

20. Date of death May 13 1939, at 10145A M
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 13 1939, to May 13 1939, and that I last saw him alive on May 13 1939.

	Duration
Immediate cause of death Cerebral Apoplexy	May 13/39
Due to Arteriosclerotic Cardio-Vascular disease	
Due to Senility	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. M. Baumgardner MD (M. D. or other)
Address Rosedale Md Date signed 5/13/39

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MAY 22 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04651

131

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 42

Village or City Balto Highlands. No. Oak Rd. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas J. Bushong If U. S. Veteran, specify WAR none

(a) Residence: No. Oak Rd. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married.

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Anna A Bushong.

6. DATE OF BIRTH (month, day, and year) July 8, 1862

7. AGE: Years 76 | Months 9 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Millwright

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Brush factory

10. Date deceased last worked at this occupation (month and year) 12 April 1939

11. Total time (years) spent in this occupation Life

2199

12. BIRTHPLACE (city or town) (State or country) ? Virginia

FATHER

13. NAME Isaac Bushong

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Hoddel.

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT (Address) Mrs Anna A Bushong Oak Rd. (Wife)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date May 6, 1939

19. UNDERTAKER (Address) Wm Cook 217 St Paul St

20. FILED May 5, 1939 Geo Kieffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 4 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 12 April, 1939, to 4 May, 1939

I lest saw him alive on 4 May, 1939; death is said to have occurred on the date stated above, at 4:50 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Myocarditis Ch.	?
Bronchitis Acute	10 Apr 39.
Nephritis Ch.	?

Other Contributory Causes of importance:

Uraemia.	2 May 39

Name of operation none Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Hannah Wheeler M. D.

(Address) 2760 Hollins Ferry Rd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (191) Reg. Dist. No. 30

CERTIFICATE OF DEATH

04652

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
109 Ingleside Ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 109 Ingleside Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Leila Cairnes

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 21, 1875

8. AGE: Years	Months	Days	If less than one day
64	1	12	____hr. ____min.

9. Birthplace Harford County, Maryland
(Town, county, and state)

10. Usual occupation School Teacher - Retired

11. Industry or business

FATHER
12. Name Robert Thomas Cairnes
13. Birthplace Harford County, Md.

MOTHER
14. Maiden Name Margaret E. Merryman
15. Birthplace Harford County, Md.

16 (a) Informant Mr. R. Milton Cairnes
(b) Address 109 Ingleside Ave., Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6, 1939 (month) (day) (year)
(c) Cemetery or crematory Bethel Presbyterian Cem.
Location Jarrettsville, Md.

18 (a) Funeral director [signature]
(b) Address 1003 W. Baltimore St.

19 (a) 5/6/39 (Date rec'd by registrar) (b) [signature] Registrar
Deputy

MEDICAL CERTIFICATION

20. Date of death May 3 19 39, at 4.45 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 24 19 39, to May 3 19 39, and that I last saw him alive on May 2 19 39.

Immediate cause of death	Duration
Coronary Sclerosis with Auricular Fibrillation	April 1939
Due to	
Due to	
Other conditions Chronic Nephritis and Hypertension (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy No

PHYSICIAN
Underlins the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: —
(a) Accident, suicide, or homicide
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert B. Taylor M.D. (M. D. or other)
Address 104 W. Madison St. Date signed 5/3/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (42)

CERTIFICATE OF DEATH

04653

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 6 yrs. 3 mths. 24 days

Stay in this community (yrs., or mos., or days): " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: 1912 E. Chase Street Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Baltimore, Maryland
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Elizabeth Claridge

3. (b) Social Security Number: none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
female	white	widow

6 (b) Name of husband or wife: Daniel L. Claridge

6 (c) If alive, give age: dead years

7. Birth date of deceased (mo., day, yr.): October 8, 1868

8. AGE: Years	Months	Days	If less than one day
70	7	7	hrs. min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: housewife

11. Industry or business: home

FATHER
12. Name: Benjamin M. Carr
13. Birthplace: Maryland

MOTHER
14. Maiden name: Eliza Anne Willis
15. Birthplace: Maryland

16. Informant: Hospital records
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 17 1939 (month) (day) (year)

Cemetery or crematory: Baltimore Cemetery

Location: Baltimore, Md.

18. Funeral director: Wm. Cook

Address: 1217 St. Paul St.

19. 5/16 (Date rec'd by registrar) 19 39 Registrar

Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 15 19 39, at 6:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 19 19 36, to May 15 19 39, and that I last saw her alive on May 15 19 39.

Immediate cause of death	DURATION
Carcinoma of the uterus with	
Due to metasteses into the liver,	
pancreas, and right kidney	bef. 1936
Due to Gangrene of right foot	April, 39
Other conditions: Senile psychosis	bef. 1933

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: see above

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Serge Andrup M. D. or other

Address: Catonsville, Maryland Date signed: 5-16-39

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STATE OF MARYLAND—CERTIFICATE OF DEATH

04654

(159)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 33

Village or City Glyndon No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 8 hrs. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME June Faye Clark. If U. S. Veteran, specify WAR

(a) Residence: No. Glyndon, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, ~~MARRIED, WIDOWED,~~ OR ~~DIVORCED~~ (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day, 8 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Glyndon, Md.

FATHER

13. NAME James McDonald, Clark

14. BIRTHPLACE (city or town) (State or country) Reisterstown Md.

MOTHER

15. MAIDEN NAME Marietta L. Brothers

16. BIRTHPLACE (city or town) (State or country) Reisterstown Md.

17. INFORMANT (Address) E. Clyde Brothers Gambier, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Providence Date May 8, 1939

19. UNDERTAKER (Address) Wm. Berryman & Sons Reisterstown, Md.

20. FILED May 8, 1939 J. Frank Miller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 7 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1939, to May 7, 1939

I last saw her alive on May 7, 1939; death is said to have occurred on the date stated above, at 6 45 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	5/7/39

Other Contributory Causes of Importance:

Prematurity

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. F. Ernshaw M. D.

(Address) Reisterstown

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-C) Reg. Dist. No. 3D 04655

CERTIFICATE OF DEATH

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Sprucy Farm State Hospt.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 5 4 yr

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. Sprucy Farm State Hospt (If rural give location)
(e) If foreign born, how long in U. S. A.? 54 years

3 (a) **FULL NAME** Nora Coakley

3 (b) If veteran, name war: no
3 (c) Social Security No.: none

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife:
6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 3. 68

8. AGE: Years	Months	Days	If less than one day
70	8	2	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual occupation Supervisor Nurses
11. Industry or business State Hospt.

FATHER
12. Name Jerry Coakley
13. Birthplace Ireland

MOTHER
14. Maiden Name Kate O'Brien
15. Birthplace Ireland

16 (a) Informant Frances Coakley
(b) Address 109 Bishops Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8, 1939 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Baltimore Rd - Baltimore

18 (a) Funeral director Harry H. Witzke
(b) Address 4101 Edmondson ave

19 (a) 5/7/39 (Date rec'd by registrar) (b) W. C. Anderson Registrar
Deputy

MEDICAL CERTIFICATION

20. **Date of death** May 5 1939, at 9.05 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1939, to May 5 1939, and that I last saw him alive on May 1 1939

Immediate cause of death	Duration
Acute Dilatation Heart	May 4 1939
Due to Chr. Myocarditis	Before 1939
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John J. Kunkel M. D. or other
Address Catonsville Md Date signed May 5, 39.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 33

CERTIFICATE OF DEATH

04656

1. PLACE OF DEATH:
(a) County Balto
(b) City or town Reisterstown
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Reisterstown
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby - Cole

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Stillborn

5. Color or race white

6 (a) Single, ~~married, widowed~~, or divorced.

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years Stillborn | Months | Days | If less than one day hr. min.

9. Birthplace Balto Co. Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Wesley Cole
13. Birthplace Balto Co. Md

MOTHER
14. Maiden Name Irma C. Howard
15. Birthplace Reisterstown

16 (a) Informant Wesley Cole
(b) Address Reisterstown Md

17 (a) Family Burial (Burial, cremation, or removal) (b) Date thereof May 12th (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location Reisterstown

18 (a) Funeral director
(b) Address

19 (a) May 11, 1939 (Date rec'd by registrar) (b) L. Grant Miller Registrar

MEDICAL CERTIFICATION

20. Date of death May 11th 1939, at 9.00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 10th 1939, to May 11th 1939, and that I last saw him alive on

Immediate cause of death

Duration

Premature 4½ hrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Grant Miller M. D. or other

Address Reisterstown Date signed May 12th

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUN 2 1939
BUREAU V. S.

04657

STATE OF MARYLAND—CERTIFICATE OF DEATH

(159)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 35

Village or City Rayville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Shirley Jean Craig

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) May 21, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, 13 hrs. or min.
	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. none

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Elmer William Craig

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Marie Frances Frank

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Elmer William Craig

18. BURIAL, CREMATION, OR REMOVAL

Place Pine Grove Date May 22, 1939

19. UNDERTAKER (Address) R. N. Trabert Freeland, Md.

20. FILED May 22, 1939 Samuel S. Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 21 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1939, to May 21, 1939

I last saw her alive on May 21, 1939; death is said to have occurred on the date stated above, at 3 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Premature Birth	

Other Contributory Causes of importance:

About 6½ Mo. Gestation

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) J. L. Yagle M. D.

(Address) New Freedom, Pa.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (94B) Reg. Dist. No. 35

04658

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Baltimore Co
(b) City or town Monkton, Md
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Monkton Md
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julia Frances Cromwell

3 (b) If veteran, name war —
3 (c) Social Security No. —

4. Sex Female
5. Color or race colored
6 (a) Single, married, widowed, or divorced. widow

6 (b) Name of husband or wife Deceased
6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ✓

8. AGE: Years 59 | Months – | Days – | If less than one day hr. min.

9. Birthplace Monkton, Md
(Town, county, and state)
10. Usual occupation Cook
11. Industry or business

FATHER
12. Name John Harris
13. Birthplace Monkton, Md

MOTHER
14. Maiden Name Julia Barnes
15. Birthplace Unknown

16 (a) Informant Mrs Blanche Jenkins
(b) Address Sparks, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31 39 (month) (day) (year)
(c) Cemetery or crematory Mt Joy
Location Monkton Md

18 (a) Funeral director P. Marklin Sen
(b) Address White Hall Md

19 (a) May 30th 1939 (Date rec'd by registrar) (b) Milner Bartner M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death May 29 1939, at 6:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 28 1939, to May 29 1939, and that I last saw ~~him~~ her alive on May 28 1939.

Immediate cause of death Coronary occlusion

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milner Bartner M D
M. D. or other
Address White Hall, Md Date signed May 30th

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 3 1969
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 30

04659

CERTIFICATE OF DEATH (93-C)

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Catonsville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Spring Grove State Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 yrs.

(e) Length of stay in this community (yrs., mos., or days) " "

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Harford County

(c) City or town Darlington, Maryland (If outside city or town limits, write RURAL and give town)

(d) Street No. unknown (If rural give location)

(e) If foreign born, how long in U. S. A.? ---- years

3 (a) FULL NAME Gertrude Curry

3 (b) If veteran, name war none

3 (c) Social Security No. none

4. Sex female

5. Color or race white

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Edward Curry

6. (c) If alive, give age unknown years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years 53 | Months unknown | Days | If less than one day ____ hr. ____ min.

9. Birthplace Maryland (town unknown) (Town, county, and state)

10. Usual occupation housewife

11. Industry or business house

FATHER

12. Name John Henry Friese

13. Birthplace Germany

MOTHER

14. Maiden Name Mary East

15. Birthplace Maryland

16 (a) Informant Hospital records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/39 (month) (day) (year)

(c) Cemetery or crematory Mt Carmel Cemetery

Location O'Donell St Balto. Md.

18 (a) Funeral director John C. Miller Inc.

(b) Address 24 33 E Oliver St

19 (a) 5/5/39 (Date rec'd by registrar) (b) [signature] Registrar

Deputy

MEDICAL CERTIFICATION

20. Date of death May 1 1939, at 6:45 a. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 26 1910, to May 1 1939, and that I last saw him alive on April 30 1939.

Immediate cause of death	Duration
Chronic myocarditis	before 1939
Due to	
Due to	
Other conditions Schizophrenia	bef. 11-26-10

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy -

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M. D. or other

Address Catonsville, Maryland Date signed

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

(M) (I) (T)

RECEIVED
MAY 18 1939
BUREAU V. S.

04660

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 38

Village or City Govans Mercy Villa No. Bellona Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Arthur Daugherty If U. S. Veteran, specify WAR

(a) Residence: No. 3023 Clifton Ave Baltimore, Md. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Daugherty

6. DATE OF BIRTH (month, day, and year) Sept. 19 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Sales Dept.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Mc Cormick & Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Crisfield (State or country) Md

FATHER

13. NAME Capt. Edwin Daugherty

14. BIRTHPLACE (city or town) Crisfield (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Maddox

16. BIRTHPLACE (city or town) Marion Station (State or country) Md

17. INFORMANT Mrs. Ethel Daugherty (Address) 2804 Keyworth Ave

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Date May 31st, 1939

19. UNDERTAKER Wm. J. Tickner & Sons (Address) North & Penna. Ave.

20. FILED 5/30, 1939 A. M. Bacon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 28 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June, 1938, to May 28th, 1939

I last saw him alive on May 28th, 1939; death is said to have occurred on the date stated above, at 12:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Fibroid Tb with Pneumonia (Bronchial)

Date of onset

Other Contributory Causes of importance:

Name of operation Date of no

What last confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify M. P. Byerly

(Signed) M. D.

(Address) 3045 W North Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
JUN 3 1930
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

04661

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County Balto. Registration Dist. No. 30

Village or City Catonsville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Turner DeFord If U. S. Veteran, specify WAR No

(a) Residence: No. 115 Newburg Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 22-1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Bank Teller

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) March 1939

11. Total time (years) spent in this occupation 31

12. BIRTHPLACE (city or town) Chestertown Md
(State or country)

FATHER

13. NAME Thomas G. DeFord Jr

14. BIRTHPLACE (city or town) Baltimore Md
(State or country)

MOTHER

15. MAIDEN NAME Georgiana M. Brady

16. BIRTHPLACE (city or town) Baltimore Md
(State or country)

17. INFORMANT Albert R. DeFord
(Address) 115 Newburg Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date May 4, 1939

19. UNDERTAKER Harry Turner & Sons
(Address) Catonsville Md

20. FILED 5/4, 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 2 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 1936, 19, to 1939, 19

I last saw h[illegible] alive on May 2, 1939; death is said to have occurred on the date stated above, at 5:30 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Subachemoid Haemhage	Mar 1939
Dther Contributory Causes of importanca:	
Chronic alcoholism	1929
Gastric ulcer	1930

Nama of operation — Date of —

What test confirmed diagnosis? Phy exam Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury —, 19

Where did injury occur? —
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

—

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) Robert B. Taylor M. D.

(Address) Catonsville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
MAY 16 1939
BUREAU V.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. Robert Taylor
Beaumont Ave
Catonsville

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (750)

CERTIFICATE OF DEATH

04662

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Spring Grove State Hospital
Stay in hospital or inst. (yrs., or mos., or days): 2 yrs, 11 months
Stay in this community (yrs., or mos., or days): 69 yrs, 5 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants, give residence of mother)
State: Maryland County:
City or town: Baltimore City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 1603 N. Port Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Elizabeth Kahl Wenhard

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: William Wenhard
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): October 1869

8. AGE:

Years	Months	Days	If less than one day
69	5		hrs. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: John Kahl
13. Birthplace: Germany

MOTHER
14. Maiden name: (Unknown)
15. Birthplace: Germany

16. Informant: John Kahl Wenhard (son)
Address: 3607 Garrison Blvd, Balto.

17. Burial, cremation, or removal. Which?: Burial
Date thereof: May 29 1939 (month) (day) (year)
Cemetery or crematory: Loudon Park
Location: 3801 Frederick Ave.
18. Funeral director: G. Howard Strong
Address: 715 Light St.

19. (Date rec'd by registrar) 5/28 1939
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 27 1939, at 3:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19, 1936, to May 27 1939 and that I last saw her alive on May 27 1939

Immediate cause of death	DURATION
Bronchopneumonia	2 days
Due to Chronic myocarditis	before 1936
Due to Generalized Arteriosclerosis	before 1936
Other conditions Senile Psychosis	before 1936

(Include pregnancy within 3 months of death)

Major findings:
Of operations: No
Of autopsy: No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur?: (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Serge Andrae, M. D. or other
Address: Catonsville, Md. Date signed: 5/31/39

RECEIVED
MAY 31 1939
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-C) Reg. Dist. No. 30

CERTIFICATE OF DEATH

04663

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Catonsville, Maryland (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Spring Grove State Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in this community (yrs., mos., or days) " "

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Millersville (If outside city or town limits, write RURAL and give town)
(d) Street No. Crane Highway (If rural give location)
(e) If foreign born, how long in U. S. A.? ---- years

3 (a) FULL NAME: William H. Dicus

3 (b) If veteran, name war: none
3 (c) Social Security No. none

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Edith Balderston
6. (c) If alive, give age: unknown years

7. Birth date of deceased (mo., day, yr.): May 27, 1867

8. AGE: Years 71 | Months 11 | Days 8 | If less than one day ____ hr. ____ min.

9. Birthplace: Millersville, Maryland (Town, county, and state)
10. Usual occupation: truck farmer
11. Industry or business: farm

FATHER
12. Name: Jacob Dicus
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Mary Jenny Davis
15. Birthplace: Maryland

16 (a) Informant: Hospital records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8 1939 (month) (day) (year)
(c) Cemetery or crematory Baldwin Cemetery
Location Millsville A A Co Md
18 (a) Funeral director William M Mareck
(b) Address 715 Light St
19 (a) 5/5/39 (Date rec'd by registrar) (b) Marshall B West Registrar

MEDICAL CERTIFICATION

20. Date of death May 5 19 39, at 8:18 a. M.

21. I certify that death occurred on the date above stated; that ~~I attended deceased~~ from ____ 19 39, to ____ 19 39
and that I last ~~saw him alive on~~ ____ 19 ____.

Immediate cause of death	Duration
Chronic myocarditis	before 1939
~~Due to~~ Generalized arteriosclerosis	" "
~~Due to~~	
Other conditions Psychosis with cerebral arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
O.K. John B. Rowe, Coroner
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Marshall B West M. D. or other
Address Catonsville Md Date signed May 5 39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 19 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-C) Reg. Dist. No. 33

CERTIFICATE OF DEATH

04664

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Pleasant Hill (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 1 week

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Balto. City

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 40th & Keswick Rd. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Salome E. Dixon

3 (b) If veteran, name war: None

3 (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Wm. T. Dixon

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): May 30, 1868

8. **AGE:** Years 70 | Months 11 | Days 21 | If less than one day ____ hr. ____ min.

9. Birthplace: Penna. (Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: Charles W. Sechrist
13. Birthplace: Penna.

MOTHER
14. Maiden Name: Leah Secrist
15. Birthplace: Penna.

16 (a) Informant: Mrs. Jesse L. Kagle

(b) Address: Owings Mills, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23, 1939 (month) (day) (year)

(c) Cemetery or crematory: Asbury M. E. Cemetery

Location: Reisterstown Balto. Co.

18 (a) Funeral director: J. F. Eline & Sons

(b) Address: Reisterstown, Md.

19 (a) May 22, '39 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death May 21 1939, at 6 45 a M

21. I certify that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw him alive on ____ 19__.

Immediate cause of death: Coronary thrombosis (Sudden death - never saw pt. until after death)

Due to: Chronic Myocarditis

Due to:

Other conditions: Cerebral Hemorrhage

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

Duration: —

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature: H. F. Ermshar, M.D. (M. D. or other)

Address: Reisterstown, Md. Date signed: 5/22/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131) Reg. Dist. No. 35

CERTIFICATE OF DEATH

04665

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Hereford (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Mt. Carmel Road

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) 75 years

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Hereford (If outside city or town limits, write RURAL and give town)

(d) Street No. Mt. Carmel Rd., Mt. Carmel P.O. (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** D. Frank Donaldson

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Sarah May Dumbaugh

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 5, 1864

8. **AGE:** Years 75 Months 2 Days 22 If less than one day — hr. — min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name David Donaldson

13. Birthplace Scotland.

MOTHER 14. Maiden Name Sarah Cox

15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Benj. Donaldson

(b) Address Parkton, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/39 (month) (day) (year)

(c) Cemetery or crematory Mt. Foster's Cemetery

Location Hereford, Balto. Co., Md.

18 (a) Funeral director Landon M. Brooks

(b) Address Sparks, Balto Co., Md.

19 (a) May 29th (Date rec'd by registrar) (b) Milner Boston Registrar

MEDICAL CERTIFICATION

20. Date of death May 27 1939, at 10 00 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1939, to May 27 1939, and that I last saw him alive on May 27 1939.

Immediate cause of death	Duration
Uremia	2 days
Due to Chronic nephritis	-
Due to Gangrene of right leg	5/22/39
Other conditions Coronary occlusion	5/15/39

(Include pregnancy within 3 months of death)

Major findings:

Of operations No operation

Of autopsy No autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature G. M. France M. D. or other

Address Parkton, Md. Date signed May 27, 1939

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 9 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93C) Reg. Dist. No. 31

CERTIFICATE OF DEATH

04666

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Rockdale (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 10

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Rockdale (If outside city or town limits, write RURAL and give town)
(d) Street No. Calvert Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME John Wesley East

3 (b) If veteran, name war: no
3 (c) Social Security No. 213-10-7171

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Annie East
6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct 11 1880

8. AGE: Years 58 | Months 6 | Days 28 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore md (Town, county, and state)
10. Usual occupation Carpenter
11. Industry or business Pfeiffer & Sons

FATHER
12. Name George Joseph East
13. Birthplace Baltimore Co md

MOTHER
14. Maiden Name Sarah W Dibb
15. Birthplace Baltimore md

16 (a) Informant George Walton East
(b) Address Randallstown md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12 1939 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Randallstown md

18 (a) Funeral director Franks & Mercer
(b) Address Pikesville md

19 (a) May 10 1939 (Date rec'd by registrar) (b) Wm E Martin Registrar

MEDICAL CERTIFICATION

20. Date of death May 9 1939, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1937, to May 9 1939, and that I last saw him alive on April 26 1939.

Immediate cause of death	Duration
Myocardial degeneration	
Due to Arteriosclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. E. Martin, M.D. (M. D. or other)
Address Randallstown Date signed 5/9/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUN 9 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 32

CERTIFICATE OF DEATH

04667

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Pikesville, Md. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Katherine Robb Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days) Several yrs.

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Pikesville (If outside city or town limits, write RURAL and give town)

(d) Street No. Villa Nova (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME: Elizabeth Eckhardt

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: William Eckhardt

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): February 26, 1853

8. AGE: Years: 86 Months: 2 Days: 25 If less than one day ____ hr. ____ min.

9. Birthplace: Unknown (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name: Unknown - Zimmer

13. Birthplace: Unknown

MOTHER

14. Maiden Name: Unknown

15. Birthplace

16 (a) Informant: Elizabeth Lohrmann

(b) Address: 407 Rosecraft Terrace, Irvington

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23, 1939 (month) (day) (year)

(c) Cemetery or crematory: Western Cemetery

Location: Baltimore

18 (a) Funeral director: Frank H. Newell

(b) Address: Pikesville, Maryland

19 (a) May 23 1939 (Date rec'd by registrar) (b) Hlr. E. E. Nichols Registrar

MEDICAL CERTIFICATION

20. Date of death May 21st 19 39, at 6.15 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 10th 1938, to May 21st 19 39 and that I last saw him alive on May 21st 19 39.

Immediate cause of death	Duration
Chronic Myocarditis	?
Due to Senility	
Due to	
Other conditions Arterio-Sclerosis	?

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature E E Nichols M.D. M. D. or other

Address Pikesville, Md. Date signed 3/23/39

RECEIVED
JUN 3 1939
BUREAU V. S.

04668

STATE OF MARYLAND—CERTIFICATE OF DEATH

(106-2)

1. PLACE OF DEATH

County Baltimore County Registration Dist. No. 42

Village or City Arbutus No. Burch Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Theodore Eckard If U. S. Veteran, specify WAR

(a) Residence: No. Burch Ave - Arbutus St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie M. Eckard

6. DATE OF BIRTH (month, day, and year) Aug 30-1870

7. AGE Years 68 Months 8 Days 14 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Cigar Maker

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Self.

10. Date deceased last worked at this occupation (month and year) Mar. 1939

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Union Town (State or country) Carroll Co. Md.

FATHER

13. NAME Wesley Echard

14. BIRTHPLACE (city or town) Carroll Co (State or country) Md.

MOTHER

15. MAIDEN NAME Ellen Stem

16. BIRTHPLACE (city or town) Carroll Co. (State or country) Md

17. INFORMANT Maggie M. Echard (Address) Burch Ave Arbutus

18. BURIAL, CREMATION, OR REMOVAL Place Western Cem Date May 17, 1939

19. UNDERTAKER William Cook (Address) 1217 St Paul St.

20. FILED May 16, 1939 Geo Kieffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 14 (Month) 14 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from Feb. 1939 to May 14, 1939

I last saw him alive on May 14, 1939; death is said to have occurred on the date stated above, at 12:15 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Lung	
Abscess.	Feb 1939

Other Contributory Causes of importance:

Chronic Bronchiectasis	1933
Lobar Pneumonia	1933

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Isaac Miller M. D.

(Address) 1228 S. Charles St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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JUN 2 1927
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

04669

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

(97)

County Baltimore Registration Dist. No. 37

Village or City Cockeysville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 65 yrs. 2 mos. 4 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Matilda M. Ensor

If U. S. Veteran, specify WAR

(a) Residence: No. Cockeysville St., Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Albert M. Ensor

6. DATE OF BIRTH (month, day, and year): Mar. 13, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Homemaker

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Sparks, Balto. Co., Md.

FATHER

13. NAME: George K. Ensor

14. BIRTHPLACE (city or town) (State or country): Cockeysville, Maryland

MOTHER

15. MAIDEN NAME: Sallie Cole

16. BIRTHPLACE (city or town) (State or country): Sparks, Md.

17. INFORMANT (Address): Mr. Albert M. Ensor Sparks Cockeysville, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Baileys, Sparks, Md Date May 19, 1939

19. UNDERTAKER (Address): Landon M. Brooks Sparks Md.

20. FILED May 18, 1939 Wm. J. Ghislcott Registrar. Dept Local

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: May (Month) 17 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1936 to May 17, 1939

I last saw her alive on May 16, 1939; death is said to have occurred on the date stated above, at 1A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral arteriosclerosis	
Other Contributory Causes of Importance:	
Hypertension	
Dementia a. paresis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) Reisterstown, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
JUN 5 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (108) Reg. Dist. No. 30

CERTIFICATE OF DEATH

04670

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Spring Grove State Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3-1-25
(e) Length of stay in this community (yrs., mos., or days) 55 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2716 Kildaire Drive (If rural give location)
(e) If foreign born, how long in U. S. A.? 55 years

3 (a) FULL NAME Margaret Fesmire

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife John W Fesmire

6. (c) If alive, give age Dead years

7. Birth date of deceased (mo., day, yr.) May 20, 1870

8. AGE: Years 68 | Months 11 | Days 26 | If less than one day ____hr. ____min.

9. Birthplace Ireland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Martin Mahoney
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Punch
15. Birthplace Ireland

16 (a) Informant James M. Fesmire
(b) Address 2716 Kildaire Drive

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof May 19 39 (month) (day) (year)
(c) Cemetery or crematory National Cem. Wash. D.C.
Location —

18 (a) Funeral director Leonard J Ruck
(b) Address 5305 Hilford Rd

19 (a) May 16-39 (Date rec'd by registrar) (b) Nicholas B West Registrar

MEDICAL CERTIFICATION

20. Date of death May 16, 1939, at 5:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 21, 1935, to May 16, 1939, and that I last saw him alive on May 16 1939.

Immediate cause of death	Duration
Lobar Pneumonia	May 14
Due to	
Due to	
Other conditions Senile Psychosis	Before Oct. 1935

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature John G Ruck M. D. or other
Address Catonsville Md Date signed 5/16/39

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MAY 18 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04671

1. PLACE OF DEATH (82-a)

County Baltimore Registration Dist. No. 44

Village or City Jones Creek Md No. Box 116 Lincoln Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S. if of foreign birth? 35 yrs. mos. ds.

2. FULL NAME James Forrest If U. S. Veteran, specify WAR No.

(a) Residence: No. Box 116 Lincoln Ave, Jones Creek Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5e. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Agnes Forrest

6. DATE OF BIRTH (month, day, and year) Aug 8. 1856

7. AGE Years 82 Months 9 Days 3 If LESS then 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Machinist

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greenock Scotland

FATHER

13. NAME William Forrest

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Margaret Bremmer

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT (Address) Isabelle Rigling Box 116 Lincoln Ave Jones Creek

18. BURIAL, CREMATION, OR REMOVAL Place Oaklawn Cem Date 5/15/39

19. UNDERTAKER (Address) Sherwood J. Covington 21 W. 25th St

20. FILED May 11, 1939 Dawson L. Harbin Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 11 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 3rd, 1939, to May 11th, 1939

I last saw him alive on May 3rd, 1939; death is said to have occurred on the date stated above, at 10:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Arteriosclerosis — Date of onset 8

Other Contributory Causes of importance: Cerebral Hemorrhage — May 3rd

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify Frank C. Eldred M.D.

(Signed) M. D.

(Address) Sophia Point Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (B)

37

Reg. Dist. No.

CERTIFICATE OF DEATH

04672

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Cockeysville, Md.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Masonic Homes of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs. 2 mos. 7 das
(e) Length of stay in this community (yrs., mos., or days) same

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4707 Gunther Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Mrs. Maude B. Forrest

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or ~~wife~~ Edwin Forrest

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept. 7, 1862

8. AGE: Years 76 | Months 8 | Days 24 | If less than one day ____ hr. ____ min.

9. Birthplace Kalamazoo, Michigan
(Town, county, and state)

10. Usual occupation School Teacher

11. Industry or business

FATHER
12. Name William D. Robertson
13. Birthplace Kalamazoo, Michigan

MOTHER
14. Maiden Name Susan Muchlei
15. Birthplace Do not know

16 (a) Informant Laura M. Schroeder
(b) Address Masonic Homes of Md.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 5/4/39 (month) (day) (year)
(c) Cemetery or crematory Louden Park
Location Baltimore, Maryland

18 (a) Funeral director Geo. L. Beyer
(b) Address 1512 Hollins Street

19 (a) May 7 39 (Date rec'd by registrar) (b) Laura M. Schroeder Deft Registrar

MEDICAL CERTIFICATION

20. Date of death May 1st, 1939 at 4:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 15, 1939 to May 1 1939, and that I last saw her alive on May 1, 1939

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day
Due to Arterior Cirrhosis	1935
Due to	
Other conditions: chronic Interstitial Nephritis	1935

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wilbur F. Skillman M.D. (M. D. or other)
Address 6 E. Biddle St Date signed May 1/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 5 1930
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (15-F) Reg. Dist. No. 43

CERTIFICATE OF DEATH

04673

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
(a) County Balto.
(b) City or town Raspeburg Md. (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 7306 Belair Rd.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) life

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Raspeburg (If outside city or town limits, write RURAL and give town)
(d) Street No. 7306 Belair Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Samuel T. Fuller

3 (b) If veteran, name war	3 (c) Social Security No.
No	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 24th 1874

8. AGE: Years	Months	Days	If less than one day
65		15	____ hr. ____ min.

9. Birthplace Balto Co. Md. (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business farm

FATHER
12. Name Alexander Fuller
13. Birthplace Balto Co. Md.

MOTHER
14. Maiden Name Jane E. Middlemiss
15. Birthplace Del.

16 (a) Informant Mrs. M. F. Wilson
(b) Address 7206 Belair Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11th 39 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill
Location Govan

18 (a) Funeral director Leuth-Tanahue & Lan
(b) Address 1401 Belair Rd.

19 (a) May 9th 1939 (Date rec'd by registrar) (b) Dr. G. A. Fritz Registrar

MEDICAL CERTIFICATION

20. Date of death May 9th 1939, at ____ M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1939 to dead 1939, and that I last saw him alive on ____ 19____.

Immediate cause of death	Duration
Cardiac Dilatation	
Due to	
Over Exertion in his garden	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Gustave A. Fritz M. D. or other
Address 6801 Belair Rd Date signed 5/9/39

RECEIVED
JUN 5 1939
BUREAU V. S.

Did not occur at Harlem Lodge.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04674

1. PLACE OF DEATH (94a)

County Baltimore Registration Dist. No. 30

Village or City Catonsville No. Harlem Lane Catonsville Md

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Allan H. Gearhart

(a) Residence: No. 44 N. Fulton Ave St., Balt. Ward. Md

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Jones

6. DATE OF BIRTH (month, day, and year) Oct 13 - 1874 1876

7. AGE 62 Years 64 Months 7 Days 9 If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer for

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Baltimore City

10. Date deceased last worked at this occupation (month and year) May 1939

11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (city or town) (State or country) Howard County Md

FATHER

13. NAME Miles Gearhart

14. BIRTHPLACE (city or town) (State or country) Phil Pa

MOTHER

15. MAIDEN NAME Eliz Albert

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT John K. Gearhart (Address) 1827 Ramsey St

18. BURIAL, CREMATION, OR REMOVAL Corrall County Mountain View Cem Date May 25, 1939

19. UNDERTAKER Robt C & B. M. Walters (Address) Pratt & Stricker St

20. FILED 5/23, 1939 H. Hudson Registrar. Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 5 (Month) 22 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May - 22, 1939, to May - 22, 1939

I last saw him alive on May - 22, 1939; death is said to have occurred on the date stated above, at 1:50 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1 yr

Other Contributory Causes of Importance:

Senility

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury ___, 19___

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) S. Lloyd Johnson M. D.

(Address) Catonsville, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

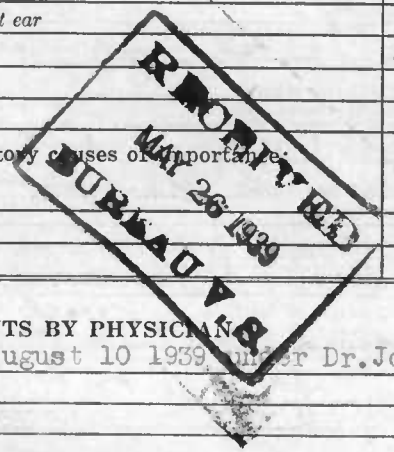
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*



ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN:

AUTHORIZATION FOR CHANGE OF AGE: Letter filed August 10 1939 under Dr. Johnson.-L.

State of Maryland

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH (131)

Registered No. 90 04675

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Edmondson Ave + Kennedy Lane
(c) Hospital or institution: Spitz Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) ?
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) ~~City or~~ town Catonsville
(d) Street No. 1821 Payson St. Baltimore, Md. Edmondson Ave + Kennedy Lane
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Ada M. Geyer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	widow

6 (b) Name of husband ~~of wife~~ John F. Geyer
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 20-1853

8. AGE: Years	Months	Days	If less than one day
85	11	3	..... hr. ..... min.

9. Birthplace Balto, Md. (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name John Darrington
13. Birthplace Penda

MOTHER
14. Maiden Name Elizabeth Sull
15. Birthplace Md.

16 (a) Informant J. Herbert Geyer
(b) Address 1821 N. Payson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24th 1939 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Balto

18 (a) Funeral director Wm Cook
(b) Address 1217 St Paul St.

19 (a) 5/23/39 (Date rec'd by registrar) (b) ..... Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1939 at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 2nd 1939 to May 24th 1939 and that I last saw him alive May 21st 1939.

Immediate cause of death	Duration
Uremia	1 day
Due to Chronic Nephritis	
Due to	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas Young Oliver M. D.
Address 401 E 25th St Date signed 5/24/39

Andrews

STATE OF MARYLAND—CERTIFICATE OF DEATH

04676

(95-6)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH

County Balto. Co. Registration Dist. No. 32

Village or City Pikesville Md No. Rugsberg Henan St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Henry Golbrecht If U. S. Veteran, specify WAR ...

(a) Residence: No. 1507 Gough St St., Ward ...
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary C. Golbrecht

6. DATE OF BIRTH (month, day, and year) Sept. 23-1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Night Watchman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. at Terminal Warehouse

10. Date deceased last worked at this occupation (month and year) about 5 yrs

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Charlotte S. C.

FATHER

13. NAME Wm Golbrecht Sr

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Mr. John H. Walkerney 1707 E. Federal St

18. BURIAL, CREMATION, OR REMOVAL Place Emanuel Lutheran Cem. Date May 29, 1939

19. UNDERTAKER Mitton Schilling (Address) 1122 E. Monument St

20. FILED May 27, 1939 E E Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 27th, 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1939, to May 27th, 1939

I last saw him alive on May 25th, 1939; death is said to have occurred on the date stated above, at 3.30 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
1) - Bronchio - pneumonia	3 days
Dther **Contributory Causes** of importance:	
2) - Arterio - Sclerotic Heart Disease	2 yrs.

Name of operation - None Date of ...

What test confirmed diagnosis? - None Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Earl L. Humphreys M. D.

(Address) 4108 Fairview Ave. Balto. Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-C) Reg. Dist. No. 38

CERTIFICATE OF DEATH

04677

1. PLACE OF DEATH:

(a) County Balto.

(b) City or town _____ (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 1201 Lake ave.

(d) Length of stay in hospital or inst. (yrs., mos., or days) _____

(e) Length of stay in this community (yrs., mos., or days) 30 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Balto.

(c) City or town _____ (If outside city or town limits, write RURAL and give town)

(d) Street No. 1201 Lake ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Eliza J Haines

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Levi Haines

6. (c) If alive, give age 86 years

7. Birth date of deceased (mo., day, yr.) June 20, 1858

8. AGE: Years 81 Months 11 Days 29 If less than one day _____ hr. — min.

9. Birthplace Md. (Town, county, and state)

10. Usual occupation House wife

11. Industry or business —

FATHER 12. Name — Wilson

13. Birthplace Md.

MOTHER 14. Maiden Name Sarah J. McRoy

15. Birthplace Illinois

16 (a) Informant Mr John McCann

(b) Address Fallston Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25, 1939 (month) (day) (year)

(c) Cemetery or crematory Popular Cem.

Location Harrow Md.

18 (a) Funeral director Chas. E. Goose

(b) Address Benson Md.

19 (a) May 25/39 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. Date of death May 22nd 1939, at 7.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 5 1939, to May 22 1939, and that I last saw him alive on May 22 1939.

Immediate cause of death	Duration
Myocardial dysphagia	Sudden
Due to Senile Myocarditis	
Due to	
Other conditions Arthritis Dyspnea	18 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____

(e) Means of injury _____

23. Signature [illegible] M.D. (M. D. or other)

Address 850 W 36 St Date signed May 25, 39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 27 1939
BUREAU V. S.

04678

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (94E)

County Baltimore Co. Registration Dist. No. 33

Village or City Glyndon, Md. No. Chatsworth + Wabash Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. 6 mos. ___ ds. How long in U.S. if of foreign birth? 53 yrs. ___ mos. ___ ds.

2. FULL NAME Catherine E. Hannan If U. S. Veteran, specify WAR ___

(a) Residence: No. Glyndon Md. St., ___ Ward. ___

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wife of Late Patrick J. Hannan

6. DATE OF BIRTH (month, day, and year) Feb. 26 1864

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
75	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Home

10. Date deceased last worked at this occupation (month and year) ___ 11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) (State or country) Belfast Co. Antrim Ireland.

FATHER

13. NAME Neil O'Boyle

14. BIRTHPLACE (city or town) (State or country) Co. Antrim Ireland.

MOTHER

15. MAIDEN NAME Catherine McCrory

16. BIRTHPLACE (city or town) (State or country) Co. Antrim Ireland.

17. INFORMANT (Address) John P. Hannan 2001 E 32nd St Balto Md

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date May 20, 1939

19. UNDERTAKER (Address) Henry W. Jenkins & Sons Co. McCulloh & Orchard St Balto Md.

20. FILED May 19, 1939 J. Frank [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 18 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1939, to May 18, 1939

I last saw her alive on May 17, 1939; death is said to have occurred on the date stated above, at 2 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	5/15/39

Other Contributory Causes of Importance:

Hypertensive arteriosclerosis

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of Injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) James G. Saffell M. D.

(Address) Reisterstown Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
JUN 2 1928
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. Kenneth Corbett
Maiden Rest Clinton
Lic 232

Reg. Frankville

Dr Knipp 3030 Edmondson Ave Lg 1556

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH (131)

Registered No. 42 / 4679

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: County
(a) Baltimore ~~City, Maryland~~
(b) Street address 1031 Beechfield Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore COUNTY (yrs., mos., or days) 14 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 235 S. Hilton St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cora Alverta Hatfield

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) ~~Single, married~~, widowed, ~~or divorced~~: Widowed

6 (b) Name of husband ~~or wife~~: Edward E

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 22nd 1865

8. AGE: Years 73 | Months 7 | Days 23 | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name William H. Conway
13. Birthplace Balto Md

MOTHER 14. Maiden Name Katherine E. Kritzel
15. Birthplace Balto Md

16 (a) Informant Mrs Chas. Stumpf
(b) Address 1031 Beechfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt Olivet
Location Balto Md

18 (a) Funeral director Wm Cook
(b) Address 1217 St. Paul St

19 (a) May 16 1939 (Date rec'd by registrar) (b) [signature] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15th 1939, at 7a M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1939 to May 15 1939, and that I last saw her alive on May 14 1939

Immediate cause of death	Duration
Chronic rheumatic endocarditis	
Due to Chronic interstitial nephritis	
Due to acute ~~Chronic~~ suppurative parotitis 5-11-39	
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Conrad Kupp M. D.
Address 3030 Edmondson Ave. Date signed 5/15/39

RECEIVED
JUN 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 35

CERTIFICATE OF DEATH

04680

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Parkton R.F.D.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Parkton R.F.D.
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Carlton Hershner

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Edith A. Cooper

6. (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Aug. 27, 1874

8. AGE: Years 64 Months 8 Days 8 If less than one day hr. min.

9. Birthplace Stewartstown, Pa. R.F.D.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name B. F. Hershner
13. Birthplace Penna.

MOTHER
14. Maiden Name Lucretia S Seitz
15. Birthplace Penna

16 (a) Informant Edith A Hershner
(b) Address Parkton, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7, 1939 (month) (day) (year)

(c) Cemetery or crematory West Liberty
Location White Hall, Md. R.D.

18 (a) Funeral director R. H. Trabert
(b) Address Freeland Md. R.D.

19 (a) May 6th 1939 (Date rec'd by registrar) (b) Charles L Fulton Registrar

MEDICAL CERTIFICATION

20. Date of death May 5 1939, at 1.00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1939, to May 5 1939, and that I last saw him alive on May 4 1939.

Immediate cause of death	Duration
Coronary Occlusion	1 day
Due to Arterio-Sclerosis	5 years
Myocarditis Chronic	2 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Chas. C. Ayres M. D. or other

Address White Hall, Md. Date signed May 6, 1939

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(165)

04681

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 11 days

Stay in this community (yrs., or mos., or days): 4 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Prince George Co.

City or town: Berwyn Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Washington Boulevard
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Lillian Higginbottom

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: James H. Higginbottom

6(c) If alive, give age: 54 years

7. Birth date of deceased (mo., day, yr.): May 5, 1904

8. AGE: Years: 35 Months: 0 Days: 21 If less than one day: hrs. min.

9. Birthplace: New Jersey
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER
12. Name: Victor Zanatti
13. Birthplace: Switzerland

MOTHER
14. Maiden name: Anna ?
15. Birthplace: Switzerland

16. Informant: Husband

Address: Washington Boulevard, Berwyn, Md.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: May 29-39 (month) (day) (year)

Cemetery or crematory: Landon Pk

Location: Fred Ave

18. Funeral director: Harry H. Witzke

Address: 4101 Edmondson Ave

19. May 26 1939 (Date rec'd by registrar) Marshall B. West Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 26, 1939, at 3:45 a.m. Found dead at

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ~~[illegible]~~ 19 , to ~~[illegible]~~ 19 ,

and that I last saw h ~~[illegible]~~ ~~alive on~~ 19

Immediate cause of death: Hanging Strangulation Bed sheet from Head of bed + around neck feet + hips on floor.

Due to

Due to: O.K. John B. Rowe, Coroner

Other conditions: Schizophrenia January, 1939
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy: Mark of strangulation about neck. Conjestion of internal organs.

DURATION: May 26-39

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Suicide Date of: May 26-39

Where did injury occur? Catonsville (City or town) (County) Md (State)

Injured at home, farm, industry, public place (where?): Spring Grove Hosp.

Means of injury: Strangulation Injured at work? no

23. SIGNATURE: Marshall B. West M. D. or other

Address: Catonsville Md Date signed: May 26-39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 2 1969
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82a) Reg. Dist. No. 41

CERTIFICATE OF DEATH

04682

1. PLACE OF DEATH
(a) County Balto
(b) City or town Glendale (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 53 Finishys Road.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Glendale (If outside city or town limits, write RURAL and give town)
(d) Street No. 53 Finishys Road. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Isaiah C Hoch

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. married.

6 (b) Name of husband or wife Charlotte (Hinchliffe)

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 11-1862

8. AGE: Years 76 | Months 11 | Days 21 | If less than one day hr. min.

9. Birthplace Ohio (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Peter Hoch
13. Birthplace Md.

MOTHER
14. Maiden Name Eliz. Mailer
15. Birthplace Ohio

16 (a) Informant Mrs. Charlotte Hoch
(b) Address 53 Finishys Rd. Glendale

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4 1939 (month) (day) (year)
(c) Cemetery or crematory Balto National Cem.
Location Frederick Road

18 (a) Funeral director John G. Connelly
(b) Address Govt. Md.

19 (a) 5/3/39 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death May 2nd 1939, at 2:15 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 24 1939, to May 2 1939 and that I last saw him alive on May 1 1939.

Immediate cause of death	Duration
Cerebral Hemorrhage	6 days
Due to Arteriosclerosis and Senility	
Due to	
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. W. Rice M.D. (M. D. or other)
Address Glendale Md. Date signed May 3, 1939

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 5 1962
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (53-C) Reg. Dist. No. 33

CERTIFICATE OF DEATH

04683

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Delight Road (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital or institution: Delight Road Reisterstown, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 19 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Grace H. Corliss Hoefner.

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife John H. Hoefner.

6 (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) Sept 3 1865

8. AGE: Years 73 | Months 8 | Days 20 | If less than one day ____hr. ____min.

9. Birthplace Virginia (Town, county, and state)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name George Corliss
13. Birthplace England

MOTHER
14. Maiden Name Charlotte Withey
15. Birthplace England

16 (a) Informant John H. Hoefner
(b) Address Delight Road. Reisterstown

17 (a) Mt. Carmel Cem. (Burial, cremation, or removal) (b) Date thereof May 30, '39 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel Balto.
Location East Edmondson St. Balto.

18 (a) Funeral director Wm. Berryman & Sons.
(b) Address Reisterstown, Md.

19 (a) May 29 1939 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death May 28th 1939, at 4 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1st 1939, to May 28th 1939, and that I last saw him alive on May 27th 39

Immediate cause of death	Duration
Carcinoma of bladder	2 yrs.
Due to Cystitis	2 yrs
Due to	
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D. or other
Address Reisterstown Md. Date signed May 29 1939

RECEIVED
JUN 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (73C) Reg. Dist. No. 38

CERTIFICATE OF DEATH

04684

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Parkville (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 2813 Linwood Ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in this community (yrs., mos., or days) 6 1/2 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Parkville (If outside city or town limits, write RURAL and give town)
(d) Street No. 2813 Linwood Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 55 years

3 (a) FULL NAME Henry Holzheid.

3 (b) If veteran, name war: none
3 (c) Social Security No.: none

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Mary M. Holzheid
6. (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Sept. 25, 1865

8. AGE: Years 73 | Months 7 | Days 29 | If less than one day: ____hr. ____min.

9. Birthplace Germany (Town, county and state)
10. Usual occupation Tailor
11. Industry or business Clothing (mens)

FATHER
12. Name Andrew Holzheid
13. Birthplace Germany

MOTHER
14. Maiden Name unknown
15. Birthplace Germany

16 (a) Informant Mrs. Mary Holzheid
(b) Address 2813 Linwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/39 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Dermontown Rd.

18 (a) Funeral director Leonard J. Leech
(b) Address 5305 Harford Rd.

19 (a) 5/24/39 (Date rec'd by registrar) (b) G. W. Bacon Registrar

MEDICAL CERTIFICATION

20. Date of death May 24 1939, at 1.40 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1937, to May 24 1939, and that I last saw him alive on May 24 1939.

Immediate cause of death	Duration
Cardiac failure	14 hours.
Due to Cardiac asthma	5 mos
Due to Chronic myocarditis	1 1/2 yrs.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. W. Bacon M. D. or other
Address Parkville Date signed 5/24/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 9 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (7) Reg. Dist. No. 43

04685

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Parkville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 3017 Edgewood Ave.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Parkville (If outside city or town limits, write RURAL and give town)

(d) Street No. 3017 Edgewood Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Paul Leroy Johnson

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. ---------

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 12th. 1933

8. **AGE:** Years 5 Months 5 Days 6 If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER

12. Name Albert Leroy Johnson

13. Birthplace Anne Arundel Co. Maryland

MOTHER

14. Maiden Name Esther M. Thrasher

15. Birthplace Baltimore, Maryland

16 (a) Informant Albert Leroy Johnson

(b) Address 3017 Edgewood Ave. Parkville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20th. 1939 (month) (day) (year)

(c) Cemetery or crematory Moreland Park Cem.

Location Taylor Ave. Parkville.

18 (a) Funeral director Frederick Lessahn & Son

(b) Address 7401 Belair Road

19 (a) 5/19/39 (Date rec'd by registrar) (b) G. A. Fitz M. D. Registrar

MEDICAL CERTIFICATION

20. Date of death May 18th. 1939, at 3.10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1939, to May 18 1939, and that I last saw him alive on May 18 1939.

Immediate cause of death: Pneumonia following measles — Duration: 2 days

Due to

Due to

Other conditions: Failing Heart after Coryza — Duration: 6 hrs.

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide no

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Elizabeth M. D. M. D. or other

Address 1605 W. North Ave. Date signed 5/19/39

VS. A15 (T) (1) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN5 1989
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

04686

Reg. Dist. No. 47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: 7717 Eastern Ave

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 22 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Balto Co

City or town: Colgate Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 523 Hanover Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Arabella Jones

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married Widow

6 (b) Name of husband or wife: Jas A. Jones

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 6 - 1864

8. AGE: Years: 75 Months: 2 Days: 23 If less than one day: hrs. min.

9. Birthplace: Balto Co.

(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER 12. Name: John L. Armstrong

FATHER 13. Birthplace: Balto

MOTHER 14. Maiden name: Atwell

MOTHER 15. Birthplace: Balto

16. Informant: Jas A. Jones

Address: 7719 Eastern Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 31-1939 (month) (day) (year)

Cemetery or crematory: Oak Lawn

Location: Balto.

18. Funeral director: Wm Cook

Address: 1217 St Paul St Balto Md

19. 5/30 (Date rec'd by registrar) 19 39 John B. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 29 - 1939, at 6 25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ---- 19---, to ---- 19---; and that I last saw h--- alive on ---- 19---.

Immediate cause of death	DURATION
Chronic Brights Disease	
Due to Heart Trouble	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: M H Bennington Jr Jesse Rees M. D. or other

Address: Essex Md Date signed: May 29/39

Dr Tillow 315 A Highland Ave attended
Mrs Arabella Jones 7 P. M. May 28th &
called Dr Tillow for cause of death his
report was that Mrs A. Jones was unconscious
when he arrived but she was suffering with
Cronic Brights disease and Heart trouble was
75 years old and death was due to the above
named causes

M J Bermingham (Cor)

RECEIVED
JAN 2 1920
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04687

1. PLACE OF DEATH (207-g)

County Baltimore Registration Dist. No. 30

Village or City Alberton No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME W— D Judy If U. S. Veteran, specify WAR

(a) Residence: No. Cumberland Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 19-1915

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. twister

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Textile mill

10. Date deceased last worked at this occupation (month and year) 5-1-39

11. Total time (years) spent in this occupation 6 yr.

12. BIRTHPLACE (city or town) (State or country) W. Va.

FATHER

13. NAME Mitchell Judy

14. BIRTHPLACE (city or town) (State or country) W Va.

MOTHER

15. MAIDEN NAME Virginia Owens

16. BIRTHPLACE (city or town) (State or country) W Va.

17. INFORMANT Stanley J. Judy (Address) Cumberland Md

18. BURIAL, CREMATION, OR REMOVAL Place Cumberland Date 5-18-1939

19. UNDERTAKER John D. Mitchell & Son (Address) Baltimore Md

20. FILED May 14, 1939 Marshall B. West Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 13 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h— alive on , 19 ; death is said to have occurred on the date stated above, at m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Comfound fracture Skull & both arms at Elbow	May 12-39
Skull cut off above eye brows.	May 12-39

Other **Contributory Causes** of importance:

O. K. John B. Rowe, Coroner

Name of operation Date of

What test confirmed diagnosis? Impression Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? accident Date of injury May 13, 1939

Where did injury occur? Alberton Md (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

B & O RR North Bound Track

Manner of injury Run over by train

Nature of injury Fractured Skull + arms

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Marshall B. West M. D.

(Address) Catonsville Md

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
JUN 3 1929
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

04688

(M)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (49A)

County Baltimore Registration Dist. No. 38

Village or City Ruxton No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME MABEL BRITTON LAROQUE

(a) Residence: No. Boyce Ave. at Overbrook Road St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Dr. Herbert E. Laroque

6. DATE OF BIRTH (month, day, and year) April 19, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. At home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Edgar Boyer Britton

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Eliza Money

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Dr. Herbert E. Laroque Boyce Ave. & Overbrook Road Ruxton

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date June 2, 1939

19. UNDERTAKER (Address) Chas. F. Evans & Son Inc. 118 W. Mt. Royal Ave.

20. FILED 6/1, 1939 A. M. Bacon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 30, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from June, 1938, to May 30, 1939

I last saw her alive on May 30, 1939; death is said to have occurred on the date stated above, at 7:15 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pelvic carcinoma (ovarian)	about Jan '38

Other Contributory Causes of Importance: Exhaustion etc

Name of operation Date of

What test confirmed diagnosis? biopsy Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. H. Hayward M. D.

(Address) 115 E Eager St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
JUL 5 1929
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (210-M) Reg. Dist. No. 44

CERTIFICATE OF DEATH

04689

1. PLACE OF DEATH:
(a) County Balto
(b) City or town Eastern Ave Rd 5 (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Dundalk Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1118 Franklin St (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Lonnie R. Lassiter

3 (b) If veteran, name war: no

3 (c) Social Security No.:

4. Sex: Male | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: —

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Apr. 4 - 1918

8. AGE: Years 21 | Months 0 | Days 29 | If less than one day ____ hr. ____ min.

9. Birthplace Suffolk Va. (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Gus Lassiter
13. Birthplace N. Carolina

MOTHER
14. Maiden Name Edith Sanders
15. Birthplace N. Carolina

16 (a) Informant Roberta Edwards
(b) Address 613 N. Bruce St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4 1939 (month) (day) (year)
(c) Cemetery or crematory Suffolk Va.
Location

18 (a) Funeral director Peter L. Williams
(b) Address 322 N. Broadway

19 (a) May 4th 39 (Date rec'd by registrar) (b) John G. Emmell Registrar

MEDICAL CERTIFICATION

20. Date of death May - 3rd 1939, at ____ M

21. I certify that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw him alive on ____ 19____.

Immediate cause of death	Duration
Fractured Skull	
Due to Automobile accident	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence May 3 1939
(c) Where did injury occur? Eastern Ave Rd. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public highway (Specify type of place) While at work? Yes
(e) Means of injury run over by street car

23. Signature Harry Wenig M. D. or other
Address Dundalk Md. Date signed 5/3/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 18 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (124P) Reg. Dist. No. 44

04690

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Balto County

(b) City or town RURAL Stemmers Run (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Back River Neck Rd.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Balto

(c) City or town ~~Back~~ Stemmers Run (If outside city or town limits, write RURAL and give town)

(d) Street No. Back River Neck Rd. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME ROBERT. E. LEE

3 (b) If veteran, name war ✓

3 (c) Social Security No. ✓

4. Sex Male

5. Color or race White

6 (a) Single, married, ~~widowed, or divorced.~~ Married

6 (b) Name of husband or wife Joanna H Lee

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) aug 31 - 1882

8. AGE: Years 56 Months 8 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Hackettstown N. J. (Town, county, and state)

10. Usual occupation Ordely

11. Industry or business in hospital

FATHER
12. Name William Lee
13. Birthplace U.S. A

MOTHER
14. Maiden Name Emma
15. Birthplace U.S. A

16 (a) Informant Joanna H Lee
(b) Address Howard Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10-39 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn Cem

Location Balto County Md.

18 (a) Funeral director James I Buzdynski

(b) Address 3116 Elliott St Balto Md

19 (a) May-7-39 (Date rec'd by registrar) (b) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. Date of death May 6 1939, at 7.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1939, to May 6 1939, and that I last saw him alive on May 6 1939

Immediate cause of death Hemorrhage from esophageal varices — Duration March 1939

Due to Cirrhosis of the liver — 1932

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Mary H. Lewis M.D. M. D. or other

Address Essex, Md Date signed May 7, 1939

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 9 1939
BUREAU V. S.

04691

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (71-a)

County Baltimore Registration Dist. No. 30

Village or City Catonsville No. 108 Beaumont Ave. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 79 yrs. 4 mos. 3 ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME J. George Leffert If U. S. Veteran, specify WAR ____

(a) Residence: No. 108 Beaumont Ave. Ward. ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Amelia M. Leffert

6. DATE OF BIRTH (month, day, and year) Dec 28-1860

7. AGE: Years 79 | Months 4 | Days 3 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Tinner

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jacob Leffert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Smith

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs A. M. Leffert (Address) 108 Beaumont Ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date May 6, 1939

19. UNDERTAKER M. J. Tickner & Sons (Address) North Pa. Ave. Balto. Md

20. FILED 5/6, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 3 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938, to May 3, 1939

I last saw him alive on May 3, 1939; death is said to have occurred on the date stated above, at 12 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pernicious Anaemia	1938

Other Contributory Causes of Importance: Chronic Purulent Arthritis (Right Knee) July 1, 1938

Name of operation Incision of Knee Joint Date of July 1, 1938

What test confirmed diagnosis? Physical & Xray Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) L. A. Lally M. D.

(Address) 3517 Edmondson Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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JUN 3 1929
U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Leo E. Kelly
3517 Edmondson Ave

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (2)

587

Reg. Dist. No. 44

04692

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Chase (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Ebenezer Road
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Chase (If outside city or town limits, write RURAL and give town)
(d) Street No. Ebenezer Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME BaBy Boy Lloyd.

3 (b) If veteran, name war ____ (c) Social Security No. ____

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife ____

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 27/39

8. AGE: Years ____ Months ____ Days ____ If less than one day Still Born hr. ____ min.

9. Birthplace Balto Co. Md. (Town, county, and state)

10. Usual occupation ____

11. Industry or business ____

FATHER
12. Name Roy Edward Lloyd.
13. Birthplace Pa.

MOTHER
14. Maiden Name Mary Clyde Pillow
15. Birthplace Md.

16 (a) Informant Mr. Roy Edward Lloyd.
(b) Address Chase Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 30-39 (month) (day) (year)
(c) Cemetery or crematory ____
Location Frederick Md.

18 (a) Funeral director Hamer Powell
(b) Address Woodbrough Md.

19 (a) May 29 39 (Date rec'd by registrar) (b) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. Date of death May 28 1939, at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw him alive on ____ 19____.

Immediate cause of death	Still Born	Duration
Due to	Premature Birth	
Due to		
Other conditions		

(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) ____ (County) ____ (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____
(e) Means of injury ____

23. Signature G. M. Baumgardner MD (M. D. or other)
Address Rosedale Md Date signed 5/29/39

RECEIVED
JUN 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-0)

04693

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:
County Baltimore
City or town Pikesville, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
1330 Reisterstown Road
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Pikesville, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1330 Reisterstown Road
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Clarris S. Lowrey

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Marion G. Lowrey
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 5th, 1852

8. AGE: Years	Months	Days	If less than one day
87	1	25	hrs. min.

9. Birthplace Reisterstown, Md.
(Town, county, and state)
10. Usual occupation
11. Industry or business
FATHER 12. Name Charles Lowrey
13. Birthplace Maryland
MOTHER 14. Maiden name Muchaley
15. Birthplace Maryland
16. Informant Mrs. Marion G. Lowrey
Address Pikesville, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 2 1939 (month) (day) (year)
Cemetery or crematory Druid Ridge
Location Pikesville, Md.
18. Funeral director Frank H. Newell
Address Pikesville, Md.
19. June 1st 1939 (Date rec'd by registrar) E. E. Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1939, at 2.20 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 21st 1939, to May 30 1939, and that I last saw him alive on May 30th 1939

Immediate cause of death	DURATION
Cerebral Hemorrhage	10 days
Due to	
Arterio Sclerosis	?
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE E. E. Nichols M. D. or other
Address Pikesville Md. Date signed 6/1/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04694

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Baltimore — Registration Dist. No. 40

Village or City Baldwin, Maryland — No. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where daath occurrad 71 yrs. 2 mos. 21 ds. How long in U.S. if of foraign birth? — yrs. — mos. — ds.

2. FULL NAME Anna Blanche Maccubbin — If U. S. Veteran, specify WAR —

(a) Residence: No. Baldwin, Maryland St., — Ward. —

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 23, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date daceased last workad at this occupation (month and yaar) — 11. Total tima (yaars) spent in this occupation —

12. BIRTHPLACE (city or town) Baldwin, Maryland (State or country)

FATHER

13. NAME John T. Macculbin

14. BIRTHPLACE (city or town) Baltimore, Md. (Stata or country)

MOTHER

15. MAIDEN NAME Eliz. E. Walkins

16. BIRTHPLACE (city or town) Harford County (State or country) Maryland

17. INFORMANT Florence Macculbin (Address) Baldwin, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place Chestnut Grove Date 5/16/39, 19

19. UNDERTAKER Slade & Oder (Address) 4907 York Road

20. FILED 5/14/39, 19 W. M. Hammett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 14 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attanded deceasad from May 1, 1939, to May 14, 1939

I last saw h-d alive on May 11, 1939; death is said to have occurred on tha date stated abova, at 5 A. m.

Tha PRINCIPAL CAUSE OF DEATH and relatad causes of importanca wera as follows:

	Date of onset
Mitral Regurgitation of Heart	Many years

Other Contributory Causes of importance:

Arteriosclerosis	Many years

Name of operation none Data of —

What tast confirmed diagnosis? none Was thare an autopsy? no

23. If death was due to axternal causas (VIOLENCE) fill in also tha following:

Accident, suicida, or homicida? — Date of injury — , 19—

Where did injury occur? —

(Specify city or town, county and State)

Spacify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.

Mannar of injury none

Nature of injury —

24. Was disaase or injury in any way related to occupation of deceased? no

If so, spacify —

(Signed) W. Millard Sterling M. D.

(Address) Hallsin Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—**private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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JUN 5 1930
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-C) Reg. Dist. No. 33

CERTIFICATE OF DEATH

04695

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Pleasant Hill (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 50

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Pleasant Hill (If outside city or town limits, write RURAL and give town)
(d) Street No. Owings Mills, Md. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Cecelia E. Marshall

3 (b) If veteran, name war	3 (c) Social Security No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
None	None	Female	White	Widow

6 (b) Name of husband or wife Samuel C. Marshall
6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Mar. 17, 1854

8. AGE: Years	Months	Days	If less than one day
85	1	21	____ hr. ____ min.

9. Birthplace Carroll Co. (Town, county, and atate)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Lewis Gorsuch
13. Birthplace Carroll Co.

MOTHER
14. Maiden Name Elvira Barnes
15. Birthplace Howard Co.

16 (a) Informant Miss Nellie Gorsuch
(b) Address Owings Mills

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11, 1939 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore, Co.

18 (a) Funeral director J. F. Eline & Sons
(b) Address Reisterstown, Md.

19 (a) May 10, 1939 (Date rec'd by registrar) (b) J. Frank Mills Registrar

MEDICAL CERTIFICATION

20. Date of death May 8 1939, at 12:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-21 1937, to May 8 1939, and that I last saw h[illegible] alive on May 7 1939.

Immediate cause of death	Duration
Myocarditis, Acute	4-2-39
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? None (Specify type of place) While at work?
(e) Means of injury None

23. Signature D. D. Eagles, M. D. M. D. or other
Address Reisterstown, Md. Date signed 5-10-'39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 2 1938
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04696

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 438

Village or City EUDOWOOD SANATORIUM, TOWSON, MD. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. — mos. 29 ds. How long in U.S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Charles Firmon Mansur If U. S. Veteran, specify WAR NO

(a) Residence: No. 1415 W. Baltimore St., Ward Baltimore

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth M Mansur.

6. DATE OF BIRTH (month, day, and year) July 1, 1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Dancer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Ballroom.

10. Date deceased last worked at this occupation (month and year) February 1939 | 11. Total time (years) spent in this occupation .10

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Barbara Mansur.

14. BIRTHPLACE (city or town) Palestine (State or country)

MOTHER

15. MAIDEN NAME Katherine Bond.

16. BIRTHPLACE (city or town) Ireland (State or country)

Personal History--Hospital Records

17. INFORMANT

Eudowood Sanatorium, Towson, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date May 26, 1939.

19. UNDERTAKER Harry T. Wilkes

(Address) 4101 Eastern Ave

20. FILED May 27, 1939 Wm. Lunsford Lawson Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 23 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1939, to May 23, 1939

I last saw him alive on May 23, 1939; death is said to have occurred on the date stated above, at 6:20 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Feb. 1939

Other Contributory Causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) W. A. Bridges M. D.

(Address) Towson, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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MAY 27 1939
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

580

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 44

04697

CERTIFICATE OF DEATH

(94E)

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Essex (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Oberlex Ave. nr. Mace Ave.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Essex (If outside city or town limits, write RURAL and give town)

(d) Street No. Oberle Ave. near Mace Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Malvina E. May

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Frederick L. May

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 27, 1860

8. AGE: Years 79 Months 3 Days 10 If less than one day hr. min.

9. Birthplace Balto. Co., Md. (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name Henry Myers

13. Birthplace Unknown

MOTHER 14. Maiden Name Elizabeth Wells

15. Birthplace Unknown

16 (a) Informant Mrs. Wm. S. Brown,

(b) Address Oberlea Ave., Essex, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10, 1939 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem.

Location Frederick Road

18 (a) Funeral director F. Lassalle & Son

(b) Address 7401 Belair Road

19 (a) 5/9/39 (Date rec'd by registrar) (b) John G. Connolly Registrar

MEDICAL CERTIFICATION

20. Date of death May 7th, 1939 at 5:05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 20 1939, to May 7 1939, and that I last saw him alive on May 6 1939.

Immediate cause of death	Duration
Pulmonary edema	2 days
Due to Cardiac decompensation	3 mos
Due to Coronary thrombosis, suspected	3 mos
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature George H. Davis M.D. M. D. or other

Address Date signed

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUN 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04698

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (97)

County Baltimore — Carter Home — Registration Dist. No. 30

Village or City Catonsville — No. 16 Fusting ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Cameron McKernan — If U. S. Veteran, specify WAR

(a) Residence: No. 3212 Wallbrook ave St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	~~M~~ widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Joseph McKernan

6. DATE OF BIRTH (month, day, and year): Dec. 31, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Housewife

10. Date deceased last worked at this occupation (month and year): 1920

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): quebec

FATHER

13. NAME: Alexander McKernan

14. BIRTHPLACE (city or town) (State or country): quebec

MOTHER

15. MAIDEN NAME: Mary Murphy

16. BIRTHPLACE (city or town) (State or country): Pa.

17. INFORMANT: Mrs. P. H. Gelner

(Address) 3212 Wallbrook ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cem. Date: May 11, 1939

19. UNDERTAKER: Margaret G. Flynn

(Address) 1422 Light St.

20. FILED: May 9, 1939 — Marshall B West — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: May (Month) 9 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June, 1937, to May 9, 1939

I last saw h-- alive on May 8, 1939; death is said to have occurred on the date stated above, at 3 a m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cerebral arterio Sclerosis — Coma	before 1937
Other **Contributory Causes** of importance: Degenerative arterio Sclerosis	Unk

Name of operation: — Date of:

What test confirmed diagnosis? Clinical — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury:

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Marshall B West M. D.

(Address) Catonsville Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 35

CERTIFICATE OF DEATH

04699

1. PLACE OF DEATH
(a) County Baltimore
(b) City or town Parkton, Md.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 15 wks

2. HOME (USUAL RESIDENCE) OF DECEASED
(a) State Md. (b) County Baltimore
(c) City or town Parkton, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jacob Franklin Measley.

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married.

6 (b) Name of husband or wife Sarah Jane Measley

6. (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Oct. 6, 1862

8. AGE: Years 76 | Months 6 | Days 3. | If less than one day ____ hr. ____ min.

9. Birthplace Balto. Co., Md.
(Town, county, and state)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Franklin Measley.
13. Birthplace Germany.

MOTHER
14. Maiden Name Hanna Bosley
15. Birthplace Unknown

16 (a) Informant Sarah J. Measley.
(b) Address Parkton, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12, 1939 (month) (day) (year)
(c) Cemetery or crematory New Freedom
Location New Freedom, Pa.

18 (a) Funeral director C. R. & W. F. Shaberly
(b) Address New Freeland, Pa.

19 (a) May 9th 1939 (Date rec'd by registrar) (b) Milnor Bortner M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death May 9, 1939, at 12:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1938, to May 9 1939, and that I last saw him alive on May 9 1939.

Immediate cause of death	Duration
Gastric Carcinoma	2 yrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milnor Bortner M.D. (M. D. or other)
Address White Hall Md Date signed May 10, 39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUN 3 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04700

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 30

Village or City Ella, Maryland No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Johnston Mellor Sr.

(a) Residence: No. Ella, Maryland St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Laura Marian Hogan

6. DATE OF BIRTH (month, day, and year): Feb. 27, 1862

7. AGE: Years 77 | Months 2 | Days 14 | If LESS then 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Printer

10. Date deceased last worked at this occupation (month and year): 1910

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ella Maryland

FATHER

13. NAME: Mark Mellor

14. BIRTHPLACE (city or town) (State or country): Manchester England

MOTHER

15. MAIDEN NAME: Jane Ellen Gartside

16. BIRTHPLACE (city or town) (State or country): England.

17. INFORMANT (Address): Mark Mellor Catonsville Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St Johns Cem. Date May 15, 1939

19. UNDERTAKER (Address): Easton Sons Ellicott City Md.

20. FILED 5/14, 1939 [signature] Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 11, 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1938, to May 11, 1939

I last saw him alive on May 10, 1939; death is said to have occurred on the date stated above, at 11:15 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Right Hemiplegia	May 9-39
Caused by Apoplexy	May 9-39

Other Contributary Causes of importance:

Arterio-Sclerosis	6 yrs ago

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. N. Gossaway M. D.

(Address) Ellicott City - Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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JUN 2 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07707

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County Baltimore (82-a) Registration Dist. No. 30

Village or City Catonsville Mgpl. No. GROVE NURSING HOME St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 14 ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

Forest and Sylvan

2. FULL NAME John William Moberly

(a) Residence: No. 2712 Winchester St. Ward Baltimore Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence

6. DATE OF BIRTH (month, day, and year) Nov. 6 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	79	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Claim Agent

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Nat'l Can Co.

10. Date deceased last worked at this occupation (month and year) Feb 1937

11. Total time (years) spent in this occupation 41

12. BIRTHPLACE (city or town) Frederick (State or country) Md.

FATHER

13. NAME Louis Moberly

14. BIRTHPLACE (city or town) Frederick Md. (State or country)

MOTHER

15. MAIDEN NAME Katherine Shriner

16. BIRTHPLACE (city or town) Frederick Md. (State or country)

17. INFORMANT Mrs. Wilbur Moberly (Address) 2712 Winchester St.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem. Date May 15, 1939

19. UNDERTAKER Wm J. Pickerd & Sons (Address) North & Pa. Aves.

20. FILED 5/15, 1939 A. L. Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 13 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1939, to May 13, 1939

I last saw him alive on May 13, 1939; death is said to have occurred on the date stated above, at 12:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	May 7-
Other Contributory Causes of importance:	
Senility	unknown
Hypertension	unknown

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) E. M. Heuisler M. D.

(Address) Catonsville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
MAY 18 1939
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (958)

Reg. Dist. No. 44

04702

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Stemmers Run Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Mohr's Lane & Phila. Rd.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 56 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Stemmers Run Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No. Mohr's Lane
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Amelia Mohr

3 (b) If veteran, name war —
3 (c) Social Security No. —

4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Frederick Mohr
6. (c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) Oct 18th 1939

8. AGE: Years 74 Months 6 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Stemmers Run
(Town, county, and state)
10. Usual occupation Own Home.
11. Industry or business

FATHER
12. Name Geo. Neumeister
13. Birthplace Germany

MOTHER
14. Maiden Name Sarah Corres
15. Birthplace Balto Co. Md.

16 (a) Informant Philip Mohr
(b) Address Stemmers Run Md

17 (a) Parkwood (Burial, cremation, or removal) (b) Date thereof May 5th 39 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto City

18 (a) Funeral director Fredk Larsalm & Son
(b) Address 7401 Belair Rd.

19 (a) 5/4/39 (Date rec'd by registrar) (b) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. Date of death May 2 1939, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1939, to May 2 1939, and that I last saw him alive on May 2 1939.

Immediate cause of death Cerebral apoplexy — Duration 1 day
Due to Arteriosclerotic Cardio vascular disease
Due to
Other conditions Senility
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. M. Baumgardner MD
M. D. or other
Address Rosedale Md Date signed 5/2/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUN 5 1939
BUREAU V. S.

04703

STATE OF MARYLAND—CERTIFICATE OF DEATH

(93-C)

1. PLACE OF DEATH

County Balto. Registration Dist. No. 44

Village or City Todds Farm Sparrows Pt. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foraign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME James Monk

(a) Residence: No. Todds Farm St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widower

5a. If merriad, widowad, or divorcad HUSBAND of (or) WIFE of Elizabeth Monk

6. DATE OF BIRTH (month, day, and year) Dec. 23-1861

7. AGE Yaars	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
77	4	8	

OCCUPATION

8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Stable Boss

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. Patterson Pk.

10. Date decaased last workad et this occupation (month and year) 7-1-39

11. Total time (yeers) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Monk

14. BIRTHPLACE (city or town) Not Known (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Not Known (State or country) Not Known

17. INFORMANT Nettie Herminau (Address) Todds Farm Sparrows Pt.

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Cem. Date May 4-39, 19

19. UNDERTAKER John G. Miller (Address) 2334 Jefferson St.

20. FILED May 1-, 1939 Dawson L. Harber Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 1 - 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1939 to May 1-, 1939 I last saw him alive on April 30-, 1939; death is said to have occurrad on the data statad above, at 11 a. m.

The PRINCIPAL CAUSE OF DEATH and ralated causes of importence were as follows: Acute Bronchitis — Date of onset April 22

Other Contributing Causes of importance: Arterio-Sclerosis — 1936; Chronic Myocarditis

Name of operation ___ Data of ___

What test confirmed diagnosis? Phys exam Was thare en au'opsy? No

23. If daath was due to axtarnal causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19

Where did injury occur? ___ (Specify city or town, county and State)

Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Mannor of injury ___

Nature of injury ___

24. Wes diseasa or injury in eny way ralated to occupation of decaased?

If so, specify ___

(Signed) Dawson L. Harber M.D.

(Address) Sparrows Point, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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BUREAU OF

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (72a) Reg. Dist. No. 21

CERTIFICATE OF DEATH

04704

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Rockdale (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 15

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Rockdale (If outside city or town limits, write RURAL and give town)
(d) Street No. Washington Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Charles H Morris

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Sarah E Keller

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 19 1861

8. AGE: Years 77 | Months 11 | Days 0 | If less than one day ____ hr. ____ min.

9. Birthplace Rockdale Balto Co Md (Town, county, and state)

10. Usual occupation Farmer retired

11. Industry or business

FATHER
12. Name William W Morris
13. Birthplace Maryland

MOTHER
14. Maiden Name Lydia A Sharon
15. Birthplace Maryland

16 (a) Informant Mrs Adele Morris
(b) Address Washington Ave Rockdale

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20 39 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn

18 (a) Funeral director Johns & Mitchell & Sons Inc
(b) Address 1900 Eutaw Place

19 (a) May 19 1939 (Date rec'd by registrar) (b) Wm E Martin Registrar

MEDICAL CERTIFICATION

20. Date of death May 19 1939, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1935, to May 19 1939, and that I last saw him alive on May 14 1939.

Immediate cause of death	Duration
Chr. Valvular Heart Disease	5 yrs
Due to Myocardial degeneration	
Due to Arteriosclerosis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. E. Martin, M.D. (M. D. or other)
Address Randalletown Date signed 5/19/39

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JUN 9 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 40

CERTIFICATE OF DEATH

92a

04705

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Kingsville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Bel Air Road.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 8 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Kingsville (If outside city or town limits, write RURAL and give town)

(d) Street No. Bel Air Rd. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Hannah Elizabeth Morrison

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Wm. J. Morrison

6. (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) 6-2-1866

8. AGE: Years 72 | Months 11 | Days 16 | If less than one day 9 hr. 15 min.

9. Birthplace Prospect, Harford Co. Md. (Town, county, and state)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Henry Zealor
13. Birthplace Chanceford, York Co. Pa.

MOTHER
14. Maiden Name Henrietta McGurk
15. Birthplace York Co. Pa.

16 (a) Informant Chester A. Morrison.
(b) Address Kingsville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22-39 (month) (day) (year)
(c) Cemetery or crematory Mt. Vernon Cemetery.
Location Prospect, Harford Co, Md.

18 (a) Funeral director Clarence E. Arthur
(b) Address Fork Md.

19 (a) 5/20/39 (Date rec'd by registrar) (b) W. McHammett Registrar

MEDICAL CERTIFICATION

20. Date of death May 19 1939, at 9:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 28 1939, to May 19 1939, and that I last saw him alive on May 7 1939.

Immediate cause of death Coronary occlusion — Duration few min

Due to Arteriosclerotic Hypertension heart disease with marked hypertrophy — years

~~Due to~~ Mitral stenosis — years

Other conditions auricular fibrillation

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

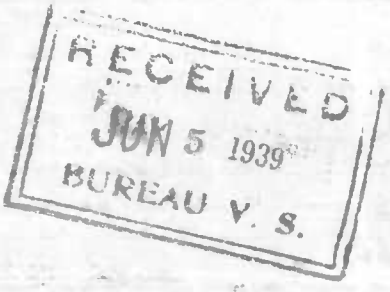
23. Signature Fred O Hodous M. D. or other

Address Edgewood Md Date signed May 19, 1939

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.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JUN 5 1939
BUREAU V. S.

04706

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Baltimore Registration Dist. No. ~~4~~ 38

Village or City EUDOWOOD SANATORIUM, TOWSON, MD. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs. 3 mos. 23 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Medford P. Murphy If U. S. Veteran, specify WAR No

(a) Residence: No. 1948 Perlman Place St., Ward. Baltimore

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ogreta Murphy

6. DATE OF BIRTH (month, day, and year) May 5, 1890

7. AGE Years 49 Months 0 Days 18 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Asbestos Worker

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Unemployed.

10. Date deceased last worked at this occupation (month and year) 1914

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) St Michael's Maryland

FATHER

13. NAME Charles Murphy

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Julia Marshall

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Personal History--Hospital Records

(Address) Eudowood Sanatorium, Towson, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date May 24, 1939

19. UNDERTAKER Wendel E. Buchanan

(Address) Broadway 1 Fairmount

20. FILED May 23, 1939 W. Samuel Van Horn Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 23 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from January 30, 1936, to May 23, 1939

I last saw him alive on May 23, 1939; death is said to have occurred on the date stated above, at 10:30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1914

Other Contributory Causes of Importance:

Name of operation none Date of

Whet test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. A. Bridges M. D.

(Address) Towson, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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JUN 3 1929
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

04707

STATE OF MARYLAND—CERTIFICATE OF DEATH

(46-E)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 33

Village or City Boring No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 77 yrs. — mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel W Myers If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of ~~(or) WIFE of~~ Anna Mary Rigler

6. DATE OF BIRTH (month, day, and year) July 16-1861

7. AGE Years 77 Months 10 Days 11 If LESS then 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Ret farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. own farm

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Samuel Myers

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sophia Myers

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr Herbert Myers (Address) Reisterstown Md

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Pleasant Grove Date May 29, 1939

19. UNDERTAKER Edwd C Tipton (Address) Hampstead Md

20. FILED May 28, 1939 J. Frank [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 27 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 16th, 1939, to May 26th, 1939

I last saw him alive on May 26th, 1939; death is said to have occurred on the date stated above, at 9:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma of Liver and Stomach — Date of onset 1937

Primary in liver. [illegible]

Other Contributory Causes of Importance: Cardiac asthenia & Trophic disturbance

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Cyril E. Fowble M. D.

(Address) Upperco, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED
JUN 2 1939
BUREAU V. S.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

04708

(46-D)

1. PLACE OF DEATH

County Balto. Registration Dist. No. 32

Village or City Stevenson No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mathilde Chenault Nash If U. S. Veteran, specify WAR

(a) Residence: No. Stevenson. Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edmund Studwell Nash

6. DATE OF BIRTH (month, day, and year) Sept 15. 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER

13. NAME Jason Chenault

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Ellen Thompson

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT (Address) Ogden Nash 4300 Rugby Rd

18. BURIAL, CREMATION, OR REMOVAL Place Rye - N.Y. Date May 23, 1939

19. UNDERTAKER (Address) Wm Pickner & Sons North & Pa Aves.

20. FILED 5/22, 1939 E. E. Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 21 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Mar, 1932, to May 21, 1939

I last saw her alive on May 21, 1939; death is said to have occurred on the date stated above, at 7 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
arterio-sclerosis	1930
Coronary artery disease	1932
Stricture of sigmoid	1928
(Post question following annual carcinoma rectum.	

Other Contributory Causes of Importance:

Intestinal obstruction	May 15. 39

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Palmer F C Williams M. D.

(Address) Pikesville. Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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JUN 3 1930
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

04709

(130)

1. PLACE OF DEATH

County Baltimore — Registration Dist. No. 30

Village or City Catonsville — No. Rockwell Avenue. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lydia Pamelia Neepier — If U. S. Veteran, specify WAR

(a) Residence: No. Rockwell Avenue St., Ward.
(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5a. If married, widowed, or divorced
(or) WIFE of Charles T. Neepier

6. DATE OF BIRTH (month, day, and year) March 1st 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Nelson Baker

14. BIRTHPLACE (city or town) York, Pa.
(State or country)

MOTHER

15. MAIDEN NAME Ann R. Atherton

16. BIRTHPLACE (city or town) Virginia
(State or country)

17. INFORMANT Mrs Carlyle Odell
(Address) Rockwell Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date May 27th, 19 39

19. UNDERTAKER Wm. J. Tickner & Sons.
(Address) North & Penna Aves.

20. FILED 5/26, 19 39 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 24 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May, 21, 1939, to May, 24, 1939
I last saw her alive on May, 24, 1939; death is said to have occurred on the date stated above, at 9:50 PM

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Onset about
Subacute Nephritis.	1939
with Uremia.	

Other Contributory Causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Urine, etc. Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Lloyd Johnson M. D.

(Address) Catonsville

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
JUN 2 1928
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. E. W. Johnson
Rolling Road-Catonsville.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04710

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 35

Village or City Hereford No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herman Neugebauer

(a) Residence: No. Hereford St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bertha Neugebauer

6. DATE OF BIRTH (month, day, and year): May 27 - 1849

7. AGE: Years 89 | Months 11 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: at Copper Work

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Clara Hilse (Daughter) Hereford

18. BURIAL, CREMATION, OR REMOVAL Place: Sacred Heart Date: May 16, 1939

19. UNDERTAKER (Address): Lilly & Zeiler INC. 4031 S. Wolfe St.

20. FILED: May 13, 1939 Milnes Bortner M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 13 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1939, to May 13, 1939

I last saw h[illegible] elive on May 13, 1939; death is said to have occurred on the date stated above, at 5 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	

Other Contributory Causes of importance:

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) A. M. France M. D.

(Address) Parkton, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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MAR 28 1928
U.S. C.B.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (3) Reg. Dist. No. 31

CERTIFICATE OF DEATH

04711

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Randallstown Md
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Randallstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. Offutt Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** James Nicholes

3 (b) If veteran, name war | 3 (c) Social Security No.

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 27 1939

8. **AGE:** Years | Months | Days | If less than one day ____ hr. 0 min.

9. Birthplace Randallstown Balto Co Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Joseph Nicholes
FATHER 13. Birthplace Maryland

MOTHER 14. Maiden Name Bessie May Shipley
MOTHER 15. Birthplace Maryland

16 (a) Informant Mrs Jos Nicholes
(b) Address Randallstown md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28 1939 (month) (day) (year)
(c) Cemetery or crematory Cemetery Holy Family
Location Harmonsville

18 (a) Funeral director Joseph Nichols (Father)
(b) Address Randallstown md

19 (a) May 28 1939 (Date rec'd by registrar) (b) Wm E Martin Registrar

MEDICAL CERTIFICATION

20. **Date of death** May 27 1939, at 12 noon M

21. I certify that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw him alive on ____ 19____.

Immediate cause of death Stillborn	Duration
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. E. Martin, M.D.
M. D. or other
Address Randallstown Date signed 5/27/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 3 1909
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04712

(M)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (134)

County Baltimore — Registration Dist. No. 38

Village or City Pi Pinehurst — No. 6406 Pinehurst Road St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sallie Nicodemus — If U. S. Veteran, specify WAR

(a) Residence: No. 6406 Pinehurst Road St., Ward. (Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Albert Nicodemus

6. DATE OF BIRTH (month, day, end year) Dec 13.1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Andrew Emich

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Marriott

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Maude M. Heim

(Address) 6406 Pimehurst Road

18. BURIAL, CREMATION, OR REMOVAL

Place Western Remy. Date May 12.1939

19. UNDERTAKER John Oursler Funeral Home

(Address) 1900 Eutaw Place

20. FILED May 12 1939 Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 10.1939 (Day), 193 (Yeer)

22. I HEREBY CERTIFY, That I attended deceased from April 1.1939, 19, to May 10.1939, 19

I last saw her alive on May 10.1939, 19; death is said to have occurred on the date stated above, at 3 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1938
Arteriosclerosis	1936
Chronic interstitial nephritis	1936
Other Contributory Causes of Importance: Pneumonia	2 days

Name of operation — Date of —

Whet test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to externel causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any wey related to occupation of deceased? No

If so, specify

(Signed) Reuben F. Guillman M. D.

(Address) 6 E. Biddle St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 3, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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JUN 3 1933
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

04713

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (121)

County Baltimore — Registration Dist. No. 38

Village or City Lock Raven — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 15 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Harold R. Noren — If U. S. Veteran, specify WAR Harold Nor

(a) Residence: No. Maryland Training School St., ____ Ward. W. S. Marines

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lura Elzada Moore

6. DATE OF BIRTH (month, day, and year) Sept. 4, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	52	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Military instructor

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) ____ | 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Chicago (State or country) Ill.

FATHER

13. NAME Albert Noren

14. BIRTHPLACE (city or town) ____ (State or country) Minn.

MOTHER

15. MAIDEN NAME Hilda Nelson

16. BIRTHPLACE (city or town) ____ (State or country) Minn.

17. INFORMANT Mrs. Harold R. Noren (Address) Loch Raven, Baltimore Co., Md.

18. BURIAL, CREMATION, OR REMOVAL Place Green Mount Cem'ty Date May 18, 1939

19. UNDERTAKER John A. Whitehill & Sons, Inc. (Address) 1900 Eutaw Place, Baltimore, Md.

20. FILED May 17, 1939 [illegible] Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 16 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1938, to May 16, 1939

I last saw h-- alive on May 15, 1939; death is said to have occurred on the date stated above, at 1P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Uremia	Apr 1939
Chr. glomerular Nephritis	1938

Other Contributory Causes of Importance: arteriosclerosis.

Name of operation ____ Date of ____

What test confirmed diagnosis? Bld chemistry Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) Ezra Th. Workum Jr M. D.

(Address) 2706 St. Paul St., Baltimore

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (92-a) Reg. Dist. No. 35 04714

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town White Hall
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 50 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town White Hall
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME James T. Norris

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Mary M. Norris

6. (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) March 23 1860

8. AGE: Years 79 Months 1 Days 17 If less than one day ____ hr. ____ min.

9. Birthplace White Hall Balto Co. Md
(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name James T. Norris
13. Birthplace Balto Co. Md

MOTHER
14. Maiden Name Sarah Gosnell
15. Birthplace Balto Co. Md

16 (a) Informant Mrs. James T. Norris
(b) Address White Hall, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12, 1939 (month) (day) (year)
(c) Cemetery or crematory Vernon
Location White Hall Md

18 (a) Funeral director P. Marksleiner Son
(b) Address White Hall Md

19 (a) May 11, 39 (Date rec'd by registrar) (b) M. Bortner M. D. Registrar

MEDICAL CERTIFICATION

20. Date of death May 10 1939, at 5 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1937, to May 10 1939, and that I last saw him alive on May 9 1939.

Immediate cause of death Chronic Valvular Heart disease — Duration 3 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milner Bortner M. D. (M. D. or other)
Address White Hall Md Date signed May 11, 39

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(107-a)

04715

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 5 yrs. 3 mths. 10 dys.

Stay in this community (yrs., or mos., or days): " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 4249 Nicholas Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Frederick Pitt

3. (b) Social Security Number: none

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Anna Caroline Thrift

6(c) If alive, give age: 75 years

7. Birth date of deceased (mo., day, yr.): March 24, 1858

8. AGE: Years: 81 Months: 2 Days: 4 If less than one day: hrs. min.

9. Birthplace: Virginia
(Town, county, and state)

10. Usual occupation: box-maker

11. Industry or business: Baltimore Box Factory

FATHER
12. Name: Richard Pitt
13. Birthplace: Virginia

MOTHER
14. Maiden name: Marcia Cluveris
15. Birthplace: Virginia

16. Informant: Hospital records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 31 / 39 (month) (day) (year)

Cemetery or crematory: Loudon Park

Location: Baltimore City

18. Funeral director: William Cook

Address: 1217 St Paul St

19. 5/29 1939 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 28 1939, at 5:20 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from p.m. February 18 1934, to May 28 1939, and that I last saw him alive on May 28 1939.

Immediate cause of death	DURATION
Bronchopneumonia	5-27-39
Due to Generalized Arteriosclerosis	bef. 1934
Due to	
Other conditions: Senile psychosis	bef. 1934

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: see above

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: none

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Silas W. Weltmer M.D.
M. D. or other

Address: Catonsville, Maryland Date signed: 5-28-39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUN 2 1939
BUREAU V. S.

04716

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 147

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

County Baltimore

Village or City Relay (No. Relay Sanatorium St.; Ward)

2 FULL NAME Alexander Preston

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Widowed (Write the word)

6 DATE OF BIRTH Unknown, 1 (Month) (Day) (Year)

7 AGE About 73 yrs. mos. ds. If LESS than 1 day, hrs. OR min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER J. A. Preston

11 BIRTHPLACE OF FATHER (State or country) Harfort Co Md

12 MAIDEN NAME OF MOTHER Achah Carroll

13 BIRTHPLACE OF MOTHER (State or country) Baltimore Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Mary R Smith

(Address) 23 Normal Terrace

15 Filed May 15, 1939 Geo Kieffer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May (Month) 14 (Day), 1939 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 24, 1937, to Jan May, 1939, that I last saw him alive on May 14, 1939 and that death occurred on the date stated above, at 11:50 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia, lobar rt. lower lobe

(Duration) yrs. mos. 3 ds.

Contributory Secondary Hypertensive heart disease

(Duration) Many yrs. mos. ds.

(Signed) Lewis P. Hundey M. D.

May, 1939 (Address) Relay, Md.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds

Where was disease contracted, if not at place of death?

Former or usual residence 829 University Pkwy. Baltimore

19 PLACE OF BURIAL OR REMOVAL St John Cem Ellicott City

DATE OF BURIAL May 16, 1939

20 UNDERTAKER A J Jenkins Son Co

ADDRESS Orchard Ind Co Sold

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

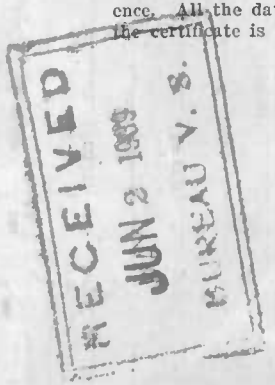
REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*) For persons who have no occupation whatever, write *None.*

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup";) *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite): *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septichaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



HEALTH DEPARTMENT—CITY OF BALTIMORE

04717

583

CERTIFICATE OF DEATH

1. PLACE OF DEATH
~~CITY OF BALTIMORE~~ Balto Co: (No. Middle River St., ... Ward)

Registered No. 114
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs.....mos.....ds. How long in U. S. If of foreign birth? .....yrs.....mos.....ds.

2. FULL NAME Theresa Hawkins Preston

If U.S. Veteran specify WAR .....

(a) Residence: No. Middle River St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. Color or Race C
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Hawkins

6. DATE OF BIRTH (month, day, year) 4/15/1870

7. AGE 69 Years | Months — | Days 24 | If LESS than 1 day, ...hrs. or .....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Chase Md.

FATHER
13. NAME Henry Cooper
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Catherine Cooper
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Florence Preston
(Address) Middle River

18. BURIAL, CREMATION, OR REMOVAL
Place Chase Md Date May 13 1939

19. UNDERTAKER Payner Sanders
(Address) 1413 E. Preston St

20. FILED May 11 1939 John G. Connelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 7, 1939 to May 9, 1939

I last saw her alive on May 8, 1939 Death is said to have occurred on the date stated above at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema Acute	5/8/39
Chronic Myocarditis	Years

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature], M. D.
(Address) Essex, Md

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT [illegible]D. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

04718

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (77)

County Baltimore Registration Dist. No. 32

Village or City Villa Nova No. Buckingham Rd. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Nora Quinn If U. S. Veteran, specify WAR

(a) Residence: No. Buckingham Rd. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of James P. Quinn

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Bridget Dowdy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Dep. Parent (Address) Buckingham Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date June 1, 1939

19. UNDERTAKER Martin Fahey & Sons (Address) 1827 W. Fayette Ave

20. FILED 5/31, 1939 E. E. Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 29th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1939, to May 29, 1939

I last saw her alive on May 29, 1939; death is said to have occurred on the date stated above, at 1 P.M.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	Unknown

Other **Contributory Causes** of Importance:

Prostatic Sores - Feb 39

Name of operation Date of

What test confirmed diagnosis? Clinical & Physical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Natura of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. A. Bruor M. D.

(Address) 4936 Park Pl

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebrol hemorrhoge	*July 5, 1927*
Other contributory causes of importance:	
Gollstones	*May 1, 1923*

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JUN 3 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ogo*
Run over by street car	*1 week ago*
Peritonitis	*3 doys ogo*
Other contributory causes of importance:	
Gastroenteritis	*1 yeor*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 44

04719

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore, Md

(b) City or town Sparrow's Point Md. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 1133 H St.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 7 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Sparrow's Point Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 1133 H street (If rural give location)

(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Lewis W. Roberts

3 (b) If veteran, name war —

3 (c) Social Security No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Mary Roberts

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16

8. AGE: Years 80 Months 0 Days 22 If less than one day ____ hr. ____ min.

9. Birthplace Pottstown Pa. (Town, county, and state)

10. Usual occupation Steel Worker

11. Industry or business Retired

FATHER 12. Name ? Roberts

13. Birthplace Pottstown Pa

MOTHER 14. Maiden Name Unknown

15. Birthplace ?

16 (a) Informant Chas E. Moore

(b) Address 1133 H St. Sp. Pt. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11/39 (month) (day) (year)

(c) Cemetery or crematory Harrisburg Pa

Location

18 (a) Funeral director Kleinward J. Covington

(b) Address 21 W. 25th St

19 (a) May 9-39 (Date rec'd by registrar) (b) Dawson L. Farber Dep Registrar

MEDICAL CERTIFICATION

20. Date of death May 8 1939, at 4 30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 7th 1939, to May 8 1939, and that I last saw him alive on May 8 1939.

Immediate cause of death Benign tumor of the intestines, C.W.S.R. Gastro-intestinal hemorrhage Cause Unknown — Duration One day

Due to Senile arteriosclerosis — Unknown

Due to Moderate hypertension — Unknown

Other conditions Abdominal tumor; benign; primary in intestines. Duration: six months (Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy ✓

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Dawson L. Farber M. D. or other

Address Sparrow's Point Date signed May 9-39

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUN 5 1939
BUREAU V. S.

04720

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 30

Village or City Catonsville Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Fredrika M. Rochester If U. S. Veteran, specify WAR

(a) Residence: No. 78 Prospect Ave St., Ward.

(Usual place of abode) Catonsville Md If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William H. Rochester

6. DATE OF BIRTH (month, day, and year): Feb 12 1855

7. AGE: Years 84 Months 3 Days 5 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Northampton Co Va

FATHER

13. NAME: William Roberts

14. BIRTHPLACE (city or town) (State or country): Northampton Co Va

MOTHER

15. MAIDEN NAME: Elizabeth Wilson

16. BIRTHPLACE (city or town) (State or country): Cape Charles Va

17. INFORMANT (Address): James E Rochester 78 Prospect Ave Catonsville

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: 5/19, 1939

19. UNDERTAKER (Address): William Cook 1217 St Paul St.

20. FILED: 5/17, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 5- (Month) 17- (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 5-16-39, 19, to 5-17-39, 19

I last saw her alive on 5-17-39, 19; death is said to have occurred on the date stated above, at 845 am

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	10 yrs.
Aortitis	5 days.

Other Contributary Causes of importance:

Name of operation: None Date of

What test confirmed diagnosis? Clin Findings Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) James Howell M. D.

(Address) Catonsville

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1934-5 17
1855 27 3 5

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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MAY 20 1929
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 35

CERTIFICATE OF DEATH (92-a)

04721

1. PLACE OF DEATH

(a) County Baltimore

(b) City or town Parkton, Md. R.D.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) 46

2. HOME (USUAL RESIDENCE) OF DECEASED

(a) State Md. (b) County Baltimore

(c) City or town Parkton, R.D.
(If outside city or town limits, write RURAL and give town)

(d) Street No. Route 2.
(If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Sarah Frances Rosier

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife John A. Rosier

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 22, 1871

8. AGE: Years 67 Months 6 Days 27 If less than one day hr. min.

9. Birthplace Cockeysville Balto. Co., Md.
(Town, county, and state)

10. Usual occupation Housekeeper.

11. Industry or business

FATHER
12. Name Wm H. Through
13. Birthplace Penna.

MOTHER
14. Maiden Name Margaret Gillingham
15. Birthplace Harford Co., Md.

16 (a) Informant McKinley Rosier
(b) Address Parkton, Md. R.D.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22, 1939 (month) (day) (year)
(c) Cemetery or crematory New Market
Location Md. Line, Md.

18 (a) Funeral director R. N. Trabert
(b) Address Freeland, Md.

19 (a) May 21, 39 (Date rec'd by registrar) (b) Chester L. Fulton Registrar

MEDICAL CERTIFICATION

20. Date of death May 19, 1939 at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 2 1939, to May 19 1939, and that I last saw him alive on May 19 1939.

Immediate cause of death Cerebral Hemorrhage & Brights Disease

Due to

Due to

Other conditions Chronic Endocarditis: Duration: four or five years. C.W.G.A.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: 2 mos. 2½ mos.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C H Gerry M.D. or other

Address Shrewsbury Pa. Date signed May 20/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUN 3 1969
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131) Reg. Dist. No. 20

CERTIFICATE OF DEATH

04722

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Catonsville
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:
Spring Grove State Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 yrs.

(e) Length of stay in this community (yrs., mos., or days) 13 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Baltimore, Maryland
(If outside city or town limits, write RURAL and give town)

(d) Street No. 112 W. Ostend Street
(If rural give location)

(e) If foreign born, how long in U. S. A.? ---- years

3 (a) **FULL NAME** Kate Rowe

3 (b) If veteran, name war: none

3 (c) Social Security No.: none

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: unknown

6. (c) If alive, give age: unk. years

7. Birth date of deceased (mo., day, yr.): September 16, 1881

8. AGE: Years 57 | Months 7 | Days 16 | If less than one day ____hr. ____min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual occupation: factory worker

11. Industry or business: factory

FATHER
12. Name: John Simpkins
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Louise Sticker
15. Birthplace: Maryland

16 (a) Informant: Hospital records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/7/39 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill
Location Annapolis Rd.

18 (a) Funeral director J. J. McCurdy
(b) Address 130 E. Fort Ave.

19 (a) May 4-39 (Date rec'd by registrar) (b) Marshall B. Wood Registrar

MEDICAL CERTIFICATION

20. Date of death May 2 19 39, at 1:10 a. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 19 19 36, to May 2 19 39 and that I last saw him alive on May 2 19 39.

Immediate cause of death	Duration
Chronic myocarditis	before 1939
Due to Chronic interstitial nephritis	before 1939
Due to Generalized arteriosclerosis	" "
Other conditions	
Schizophrenia (Include pregnancy within 3 months of death)	

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Serge Andreoff M. D. or other

Address Catonsville, Md. Date signed 5-2-39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 8 1939
BUREAU V. S.

(M)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

04723

1. PLACE OF DEATH (82-a)

County Balto Co. Registration Dist. No. 30

Village or City Epitz Home Catonsville Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Christopher Ruddy If U. S. Veteran, specify WAR

(a) Residence: No. 3200 Echodale Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Thekla Bauman

6. DATE OF BIRTH (month, day, and year): 10-15-1858

7. AGE: Years 80 | Months 7 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Retired marine

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Engineer

10. Date deceased last worked at this occupation (month end year): 10/99

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Monte Negri

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Charles L. Redell 4012 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL Place: Holy Redeemer Date: 5/29, 1939

19. UNDERTAKER (Address): Leonard J. Ruck 5505 Harford Rd.

20. FILED: May 26, 1939 Marshall B. West Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 5/26/39 (Month) (Day) 193 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1939, to May 26, 1939

I last saw him alive on May 25, 1939; death is said to have occurred on the date stated above, at 1 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/10 39

Other Contributory Causes of importance:

Arteriosclerosis

Hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Alvin B. Lennan

(Signed) Alvin B. Lennan M. D.

(Address) 718 N Patterson Pk ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other **contributory causes of importance:**	
Gallstones	*May 1, 1923*

RECEIVED
JUN 3 1929
BUREAU V. S.

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other **contributory causes of importance:**	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

04724

STATE OF MARYLAND—CERTIFICATE OF DEATH

(131)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 30

Village or City Catonsville, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Catherine Scaggs If U. S. Veteran, specify WAR

(a) Residence: No. Virginia Ave. Catonsville, Md. (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clinton W. Scaggs

6. DATE OF BIRTH (month, day, and year) June 14, 1877

7. AGE Years 61 Months 11 Days 3 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. At home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Housewife

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Georgetown D.C.

FATHER

13. NAME Frank Sullivan

14. BIRTHPLACE (city or town) (State or country) D.C.

MOTHER

15. MAIDEN NAME Mary McCarthy

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Clinton W. Scaggs Ellicott City Md

18. BURIAL, CREMATION, OR REMOVAL Place Good Shepherd Howard Co Date 5-20, 1939

19. UNDERTAKER (Address) F.C. Higinbothom Jr. Ellicott City Md

20. FILED May 18, 1939 Marshall B West Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 17 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1938, to May 17, 1939

I last saw her alive on May 17, 1939; death is said to have occurred on the date stated above, at 10:55 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chr.	
Cardiov Renal vascular disease	
before	1938
Uremia	2 weeks

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Marshall B West M. D.

(Address) Catonsville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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JAN 2 1933
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93c)

Reg. Dist. No. 30

CERTIFICATE OF DEATH

04725

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Catonsville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Spring Grove State Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in this community (yrs., mos., or days) " "

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Essex, Maryland (If outside city or town limits, write RURAL and give town)

(d) Street No. Poplar Road (If rural give location)

(e) If foreign born, how long in U. S. A.? ---- years

3 (a) **FULL NAME** Frederick Schader

3 (b) If veteran, name war: none

3 (c) Social Security No.: none

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: single

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): June 26, 1868

8. AGE: Years 70 | Months 10 | Days 8 | If less than one day ____hr. ____min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual occupation: laborer

11. Industry or business: odd jobs

FATHER

12. Name: August Schader

13. Birthplace: Germany

MOTHER

14. Maiden Name: Minnie ? (name unknown)

15. Birthplace: Germany

16 (a) Informant: Hospital records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6 1939 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cemetery

Location Baltimore Md.

18 (a) Funeral director John Ulrich

(b) Address 2008 Orleans St.

19 (a) 5/4/39 (Date rec'd by registrar) (b) H. L. Anderson Registrar Deputy

MEDICAL CERTIFICATION

20. Date of death May 4 1939, at 7:50 a.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1939, to May 4 1939, and that I last saw him alive on May 4 1939.

Immediate cause of death	Duration
Bronchopneumonia	5-1-39
Due to Cerebral hemorrhage	4-23-39
Chronic myocarditis	bef. 1939
Due to Hypertension	"
Other conditions Arteriosclerosis	bef. 1939

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature John J. Rennel M. D. or other

Address Catonsville, Md. Date signed 5-4-39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 8 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04726

(59)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 42

Village or City Halethorpe No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. 2 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Theodore Schondau If U. S. Veteran, specify WAR 1914 Worlds

(a) Residence: No. Rehbaum and Arbutus Ave. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna B. Schondau ARCHAED

6. DATE OF BIRTH (month, day, and year): July 2-1880

7. AGE: Years 58 | Months 10 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Veterinary Surgeon

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Own Business

10. Date deceased last worked at this occupation (month and year): May 5-1939

11. Total time (years) spent in this occupation: 35 yrs

12. BIRTHPLACE (city or town): Washington DC (State or country)

FATHER

13. NAME: Ferdinenti Schondau

14. BIRTHPLACE (city or town): Germany (State or country)

MOTHER

15. MAIDEN NAME: Marie Aschenbach

16. BIRTHPLACE (city or town): Germany (State or country)

17. INFORMANT: Mrs. Anna B. Schondau (Address) Same

18. BURIAL, CREMATION, OR REMOVAL Place Arlington Nat. Cem. Date 5-9-39, 19

19. UNDERTAKER: Fred F. B. Wippert & Son (Address) 1300 Eastern Place

20. FILED 5-9-39, 19 Geo McKieffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 6 (Month) 1939 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from April 5, 1938, to May 4, 1939 I last saw him alive on May 4, 1939; death is said to have occurred on the date stated above, at 3:30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other Contributory Causes of importance:

Diabetes
Hypertension
Chronic Myocarditis

Name of operation: None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? None Date of injury, 19

Where did injury occur? None (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. None

Manner of injury: None

Nature of injury: None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify: None

(Signed) V. E. Spitznagle MD M. D.

(Address) Lansdowne, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
MAY 10 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (48) Reg. Dist. No. 44

04727

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Sparrows Point (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: North Point Rd - R10 Box 291.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 42 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Sparrows Point (If outside city or town limits, write RURAL and give town)
(d) Street No. R10 Box 291 North Pt. Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME LOUISA SCHMIDT.

3 (b) If veteran, name war no.
3 (c) Social Security No. none.

4. Sex Female
5. Color or race white
6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Charles Schmidt.
6. (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) April 20. 1897

8. AGE: Years 42 | Months 1 | Days 10 | If less than one day ____ hr. ____ min.

9. Birthplace Sparrows Point (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Own home.

FATHER
12. Name Townsend Buehler.
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Margaret Butschky.
15. Birthplace Sparrows Point. Md

16 (a) Informant Charles Schmidt.
(b) Address R10 Box 291 Sparrows Pt

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1-39 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave.

18 (a) Funeral director John G. Connelly
(b) Address Essex Md.

19 (a) 5/31/39 (Date rec'd by registrar) (b) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. Date of death 5/30 1939, at 8 00 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1936 to May 30 1939, and that I last saw him alive on May 21 1939.

Immediate cause of death Carcinoma uterus — Duration 3 yrs.
~~Due to~~ with abdominal metastases. — 1 year
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations Carcinoma uterus - Nov. 1936.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis N. Pollin. M.D. (M. D. or other)
Address Sparrows Point. Md. Date signed 5/30/39

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 44

(942)

04728

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Balto

(b) City or town Chase
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Dundee's Shore

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Balto

(c) City or town Chase, Md.
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Jeremiah Senft

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. married.

6 (b) Name of husband or wife Polly Ramble

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept -12- 1879

8. **AGE:** Years 59 | Months 7 | Days 29 | If less than one day ____ hr. ____ min.

9. Birthplace Pa.
(Town, county, and state)

10. Usual occupation Shoemaker

11. Industry or business Own

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Jeremiah Senft
(b) Address Spring Grove Route #1

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May-15-39 (month) (day) (year)
(c) Cemetery or crematory Stoverstown Cem.
Location Stoverstown Pa.

18 (a) Funeral director Curtis O. Goodling
(b) Address Seven's Valleys, Pa

19 (a) May-11-39 (Date rec'd by registrar) (b) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. Date of death May 11th 1939, at 4 15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw him alive on ____ 19__.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature S. M. Birmingham J.P. M.D. or other

Address Pleasedale Md. Date signed 5/11/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(M) (T)

RECEIVED
JUN 5 1933
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04729

V. S. No. 1

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 38

Village or City EUDOWOOD SANATORIUM, TOWSON, MD No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Gilmer Sherwood If U. S. Veteran, specify WAR

(a) Residence: No. 5616 Fair Oaks Ave St., Ward Baltimore Md

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, and year) May 2, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70 1870	May	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Real Estate

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Salesman

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation 12 years

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Geo. W Sherwood

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Annie Collins

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

Personal History--Hospital Records

17. INFORMANT Eudowood Sanatorium, Towson, Md.

18. BURIAL, CREMATION, OR REMOVAL Place GATHER DAL Date 5/11/39, 19

19. UNDERTAKER Leonard J. Quick (Address) 5305 Harford Road

20. FILED 5/8, 1939 G. M. Bacon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 8 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 18 1939, to May 8, 1939

I last saw him alive on May 8, 1939; death is said to have occurred on the date stated above, at 12:05 P. M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Jan 1939

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? X-ray + Autopsy Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) K. A. Bridges M. D.

(Address) Towson, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Hit over by street car	*1 week ago*
Peri[illegible]	*3 days ago*
Other contributory causes of importance:	
Gastr[illegible]enteritis	*1 year*

RECEIVED
MAY 10 1939
U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

04730

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 30

Village or City Catonsville No. 120 Rosewood Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Amanda Smith

(a) Residence: No. 120 Rosewood Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lysander Smith

6. DATE OF BIRTH (month, day, and year) Feb. 7, 1859

7. AGE Years 80 Months 3 Days 1 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard County Maryland

FATHER

13. NAME Upton Mullinix

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Jane Wolfe

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Miss Grace M. Smith

(Address) 120 Rosewood Ave Catonsville

18. BURIAL, CREMATION, OR REMOVAL

Place Howard Chapel Cem Date May 11, 1939

19. UNDERTAKER Easton Sons

(Address) Ellicott City

20. FILED 5/11, 1939 [signature] Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 8 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1939, to May 8, 1939

I last saw her alive on May 8, 1939; death is said to have occurred on the date stated above, at 5 05 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
acute nephritis	?
arteriosclerosis	?
Hypostatic pneumonia	5 Days
Lobar pneumonia. Duration - five days.	
Other Contributory Causes of Importance:	
Uraemia	2 Days

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury, 19

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Wetherbee Fort M. D.

(Address) 20 E. Preston St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED MAY 16 1939 BUREAU V.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04731

Reg. Dist. No. 30

1. PLACE OF DEATH:
County: Baltimore
City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Spring Grove State Hospital
Stay in hospital or inst. (yrs., or mos., or days): 4 mths, 11 days
Stay in this community (yrs., or mos., or days): " " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 3006 Independence Street, Waverly
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME
Emma Willis Soper

3. (b) Social Security Number
none

4. Sex: female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or ~~wife~~: Averill Soper
dead
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): November 29, 1863

8. AGE: Years 75 Months 4 Days 12 If less than one day ____ hrs. ____ min.

9. Birthplace: Warren, Baltimore County, Md.
(Town, county, and state)

10. Usual occupation: saleslady, hemstitcher

11. Industry or business: Singer Sewing Machine Company

FATHER
12. Name: John Willis
13. Birthplace: Maryland

MOTHER
14. Maiden name: Mary Hooker
15. Birthplace: Maryland

16. Informant: Hospital records
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 15 -1939 (month) (day) (year)
Cemetery or crematory: Baltimore Cemetery
Location: E. North ave.

18. Funeral director: George W. Zirkler
Address: 1737 E. Eager St.

19. 5/11 1939 (Date rec'd by registrar) [signature] Registrar
[signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 11 1939, at 8:20 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 30 1938, to May 11 1939, and that I last saw her alive on May 11 1939.

Immediate cause of death	DURATION
Gangrene small toe, right foot	3-20-39
Chronic myocarditis	bef. 12-30-38
Generalized arteriosclerosis	" " "
Due to	
Other conditions: Manic depressive psychosis, depressed phase	before 12-30-38

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: none
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE: Gilas M. Wettmen M.D.
M. D. or other
Address: Catonsville, Maryland Date signed: 5-11-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 19 1939
BUREAU T. E.

04732

STATE OF MARYLAND—CERTIFICATE OF DEATH

(46-C)

1. PLACE OF DEATH

County Balto. Registration Dist. No. 33

Village or City Glyndon No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lucy Owens Speed If U. S. Veteran, specify WAR

(a) Residence: No. Glyndon Md. St. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Christopher C. Speed

6. DATE OF BIRTH (month, day, and year): June 9 - 1870

7. AGE: Years 68 | Months 11 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Work

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): West River A.A.Co. Md

FATHER

13. NAME: Samuel H. Owens

14. BIRTHPLACE (city or town) (State or country): West River A.A.Co. Md

MOTHER

15. MAIDEN NAME: Elizabeth W. Peake

16. BIRTHPLACE (city or town) (State or country): West River A.A.Co. Md

17. INFORMANT (Address): Henry D. Owens, 612 Reservoir St.

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: May 27, 1939

19. UNDERTAKER (Address): Wm. Tickner & Sons, North Penna.

20. FILED: May 24, 1939 J. Brand Mill Mf Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 23 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 8-21, 1938, to May 23, 1939

I last saw her alive on May 23, 1939; death is said to have occurred on the date stated above, at 11 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Caecum	'38

Other Contributory Causes of Importance:

Anemia, Secondary	'39

Name of operation: Ileo-Caecostomy Date of 12-17-'38

What test confirmed diagnosis? Clinical & Mic. Was there an autopsy? None

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? None Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) D. D. Caples M. D.

(Address) Reisterstown, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(M) (T)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED
JUN 2 1930
BUREAU V. S.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. Caples
Reisterstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

04733

586

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
County Balto
City or town Middlebrough
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto
City or town Middlebrough Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Boy Staley

3. (b) Social Security Number

4. Sex M.
5. Color or race W.
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife —
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) May 21 - 1939

8. AGE: Years 0 Months 0 Days 0 If less than one day ___ hrs. ___ min.

9. Birthplace Balto Co. Md.
(Town, county, and state)
10. Usual occupation
11. Industry or business

FATHER
12. Name Guy Staley
13. Birthplace Waynesboro Pa.

MOTHER
14. Maiden name Bessie Bloom
15. Birthplace Charmans Pa.

16. Informant Mr. Guy Staley
Address Middlebrough

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 22-1939 (month) (day) (year)
Cemetery or crematory Waynesborough
Location Franklin County

18. Funeral director Owen Hoffman
Address Franklin Co.

19. May 22 1939 (Date recd by registrar) John B. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1939, at ___ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 21 1939, to May 21 1939, and that I last saw h___ alive on ___ 19___

Immediate cause of death Stillborn

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE George H. Dunn M.D.
M. D. or other
Address Essex, Md Date signed 5/22/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 5 1909
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 32

CERTIFICATE OF DEATH

(23)

04734

1. PLACE OF DEATH:

(a) County: Baltimore

(b) City or town: Mount Wilson (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Mt. Wilson Branch, Maryland Tuberculosis Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days): 11 mos. 15 das.

(e) Length of stay in this community (yrs., mos., or days): 11 mos. 15 das.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State: Maryland (b) County: Howard

(c) City or town: Ellicott City (If outside city or town limits, write RURAL and give town)

(d) Street No. _____ (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME**: Mrs. Loretta Stovall

3 (b) If veteran, name war: _____

3 (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Walter Stovall

6. (c) If alive, give age: 28 years

7. Birth date of deceased (mo., day, yr.): May 29, 1910

8. AGE: Years: 28 Months: 11 Days: 29 If less than one day: _____ hr. _____ min.

9. Birthplace: Grayson County, Virginia (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: At Home

FATHER

12. Name: Ephraim Pierce

13. Birthplace: Virginia

MOTHER

14. Maiden Name: Annie Sturgill

15. Birthplace: North Carolina

16 (a) Informant: Eleanor Pearson

(b) Address: Mount Wilson, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/30/39 (month) (day) (year)

(c) Cemetery or crematory: St. John's Cemetery

Location: Ellicott City, Maryland

18 (a) Funeral director: Edward S. MacNabb

(b) Address: Catonsville, Maryland

19 (a) 5/28/39 (Date rec'd by registrar) (b) J. Frank Pfeiffer Registrar

MEDICAL CERTIFICATION

20. Date of death May 28 19 39 at 5:35 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 13 19 38, to May 28 19 39, and that I last saw her alive on May 28 19 39.

Immediate cause of death	Duration
Pulmonary Tuberculosis	Since 1938
Due to: Intestinal Tuberculosis	Since Sept. 1938
Due to:	
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: No operations

Of autopsy: No autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide: _____

(b) Date of occurrence: _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____

(e) Means of injury: _____

23. Signature: John A. Smith M. D.

Address: Mt. Wilson, Md. Date signed 5/28/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04735

(77)

1. PLACE OF DEATH

County Baltimore — Registration Dist. No. 30

Village or City Catonsville — No. 41 Delrey Ave. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ellen Stromberg — If U. S. Veteran, specify WAR

(a) Residence: No. 41 Delrey Ave. St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Antony P. Stromberg

6. DATE OF BIRTH (month, day, and year) March 22, 1858

7. AGE Years	Months	Days	If LESS then 1 day, hrs. or min.
81	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Hame

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Housewife

10. Date deceased last worked at this occupation (month end year) 1938

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Howard County (State or country) Maryland

FATHER

13. NAME Thomas J. Flanagan

14. BIRTHPLACE (city or town) County Claire (State or country) Ireland

MOTHER

15. MAIDEN NAME Rachel Lucrieta Day

16. BIRTHPLACE (city or town) Harpers Ferry (State or country) Virginia

17. INFORMANT Anthony P. Stromberg

(Address) 41 Delrey Ave., Catonsville, Md.

18. BURIAL, CREMATION, OR REMOVAL Howard Co

Place St. Louis Cemetery Date May 30, 1939.

19. UNDERTAKER Easton Sons

(Address) Ellicott City, Md.

20. FILED May 28, 19 Marshall B Worth

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 27, (Day) 193 9 (Yeer)

22. I HEREBY CERTIFY, That I attended deceased from Jan 1937, to May 27 1939

I last saw h.. alive on May 27, 1939; death is said to have occurred on the date stated above, at 12 Noon.

The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:

	Date of onset
Cerebral arterio Sclerosis	4 Mos
Generalized arterio Sclerosis	Unk

Other Contributory Causes of importance:

Name of operetion — Date of

Whet test confirmed diagnosis? Physician — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Marshall B Worth M. D.

(Address) Catonsville Md

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

04736

V. S. No. 1

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 31

Village or City Woodlawn No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residenca in city or town whare daath occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Joanne merle Strong If U. S. Veteran, specify WAR

(a) Residence: No. Guynndale Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F.	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 6, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	1	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.

10. Date daceased last worked at this occupation (month and yaar)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore City (State or country)

FATHER

13. NAME S. Wilmer Strong

14. BIRTHPLACE (city or town) Baltimore, Md (State or country)

MOTHER

15. MAIDEN NAME Daisy E. Kearney

16. BIRTHPLACE (city or town) Alamagado, N. Mexico (Stata or country)

17. INFORMANT G. Whitmer Strong
(Address) Guynndale ave - Woodlawn

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date May 22, 1939

19. UNDERTAKER G. Howard Strong
(Address) 715 Light St.

20. FILED May 22, 1939 J. J. Hamilton Peck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 20 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1939, to May 20, 1939

I last saw h-- alive on May 19, 1939; death is said to have occurred on the date statad above, at 10:35 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:

	Date of onset
Laryngeal Diphtheria	May 18, '39

Other Contributory Causes of importance:

Name of operation ____ Date of ____

What tast confirmed diagnosis? Clinical Was thera an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or Injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) Karl W. Ebeling M. D.

(Address) 101 W. Road St

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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JUN 3 1939
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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

04737

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH

County Baltimore — Registration Dist. No. 38

Village or City Ruxton — No. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 39 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Thomas Nelson Strother — If U. S. Veteran, specify WAR —

(a) Residence: No. — Ruxton Md St., — Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Emily Viele Strother

6. DATE OF BIRTH (month, day, and year) Mar. 13th 1862

7. AGE Years	Months	Days	If LESS than 1 day, — hrs. or — min.
76	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Banker & Broker

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) May 1939 — 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Richmond, Va.

FATHER

13. NAME Richard Strother

14. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER

15. MAIDEN NAME Sarah Selden

16. BIRTHPLACE (city or town) (State or country) Richmond, Va

17. INFORMANT Mr. Arthur Tuckerman

(Address) Ruxton, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date May 24, 1939

19. UNDERTAKER

(Address) 1003 W. Baltimore St.

20. FILED May 23, 1939 — Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 22d (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 1923, to May 22, 1939

I last saw him alive on May 22nd, 1939; death is said to have occurred on the date stated above, at 6:15 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	May 10th 1939

Other Contributory Causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also tha following:

Accident, suicide, or homicide? — Date of Injury —, 19—

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) Wm. M. Dabney M. D.

(Address) Ruxton Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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JUN 3 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

04738

1. PLACE OF DEATH (93-d)

County Maple Grove Home Registration Dist. No. 30

Village or City Catonsville, Maryland No. Forest Avenue St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Charles B. Summers If U. S. Veteran, specify WAR

(a) Residence: No. 5704 Oakshire Road St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or XXXXX): Minnie Merz Summers

6. DATE OF BIRTH (month, day, and year): August 24, 1862

7. AGE: Years 76 | Months 8 | Days 26 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Builder

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Self

10. Date deceased last worked at this occupation (month and year): 1928

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Thomas B. Summers,

14. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

MOTHER

15. MAIDEN NAME: Caroline Cove

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mr. Charles Leroy Summers, Sr.

(Address) 3815 Ferndale Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date May 22, 1939

19. UNDERTAKER: Wm. J. Tickner & Sons

(Address) North & Penna. Avenues

20. FILED 5/22, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 20, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1938, to May 20, 1939

I last saw him alive on May 19, 1939; death is said to have occurred on the date stated above, at 10:50 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis & Hypertension.	Several years

Other Contributory Causes of importance:

Myocardial insufficiency	4 days

Name of operation: none Date of: —

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following: —

Accident, suicide, or homicide? — Date of Injury ___, 19___

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) M Bauer and Lord M. D.

(Address) 2200 Garrison Blvd.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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JUN 2 1928
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. M. B. Hood
2200 Harrison Blvd.

04739

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH 579 (82-a)

County Balto. Registration Dist. No. 44

Village or City Chase No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Matthew G. Surguy If U. S. Veteran, specify WAR

(a) Residence: No. Earls Rd. Chase Md. St. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura V. Surguy

6. DATE OF BIRTH (month, day, and year) Feb. 2nd 1846

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
93	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Trucking

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 70

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Matthew Surguy

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Mrs. G. W. Sawyer

(Address) Earls Rd. Chase Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Ebenezer Cem. Date May 8th, 1939

19. UNDERTAKER Fredk. Lassalm & Son

(Address) 7401 Belair Rd.

20. FILED May 6, 1939 John G. Connelly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 5th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Mar, 1937, to May 5, 1939

I last saw him alive on Feb 22, 1939; death is said to heve occurred on the date stated above, at 2:30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:

	Date of onset
Cerebral Hemorrhage	May 4-39
Cerebral Hemorrhage	Mar-37

Other Contributory Causes of Importence:

Arterio-sclerosis

Name of operation Date of

What test confirmed diagnosis? Was there en eutopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of Injury

Neture of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Charles Roth M. D.

(Address) Edgewood Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

04740

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 42

Village or City Arbutus, Halethorpe P.O. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George Richard Blair Taylor (S.S. # none.)

(a) Residence: No. 7 Selma ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Weikiel

6. DATE OF BIRTH (month, day, and year) Nov 26 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Bricklayer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Geo W. Goodge

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore City Md.

FATHER

13. NAME Capt Wm. Taylor

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Flora ? Taylor

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Adam Geo. Taylor (Address) 7 Selma ave. Halethorpe Md

18. BURIAL, CREMATION, OR REMOVAL

Place Evansville Ind. Date 5/26/39, 19

19. UNDERTAKER J. B. Wippert & Son (Address) 1300 Eutaw PLace.....c.

20. FILED May 24, 1939 G. Kieffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 23 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1939, to May 23, 1939

I last saw him alive on May 23, 1939; death is said to have occurred on the date stated above, at 6 45 pm.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma of left side of jaw c̄ metastasis to Larynx, Tongue & oesophagus & Treachea (ulcerative) — Date of onset 1927

Other Contributory Causes of Importance: General Emaciation due to lack of food

Name of operation Radium & X Ray Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) B. B. Brumbaugh M. D.

(Address) Elbridge, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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JUN 2 1939
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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (23) Reg. Dist. No. 32

CERTIFICATE OF DEATH

04741

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Mount Wilson (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution Mt. Wilson Branch, Maryland Tuberculosis Sanatorium
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 mos., 2 days
(e) Length of stay in this community (yrs., mos., or days) 7 mos., 2 days

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 7 N. Pine Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Marie Tempera

3 (b) If veteran, name war

3 (c) Social Security No. 213-10-3282

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Joseph Tempera

6. (c) If alive, give age 24 years

7. Birth date of deceased (mo., day, yr.) June 24, 1916

8. AGE: Years 22 | Months 10 | Days 13 | If less than one day ____hr. ____min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name Frank Papierniak
13. Birthplace Poland

MOTHER
14. Maiden Name Frances Kozak
15. Birthplace Poland

16 (a) Informant Eleanor Pearson
(b) Address Mount Wilson, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10, 1939 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cemetery
Location Baltimore, Maryland

18 (a) Funeral director Frank Della Noce
(b) Address 52 N. Morley St., Baltimore, Md

19 (a) May 7, 1939 (Date rec'd by registrar) (b) J. Paul Spalding Registrar

MEDICAL CERTIFICATION

20. Date of death May 7, 1939 at 10.16P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 5, 1938, to May 7, 1939, and that I last saw him alive on May 7, 1939.

Immediate cause of death	Duration
Pulmonary Tuberculosis	Since Nov. 1937
Intestinal Tuberculosis	Since Nov. 1938
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No operations
Of autopsy No autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Smith M. D.
Address Mt. Wilson, Md. Date signed 5/7/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 25 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04742

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Balto. Registration Dist. No. 38

Village or City Owings mills Md. No. 2 Toolgate Rd St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Laura J. Talbert If U. S. Veteran, specify WAR

(a) Residence: No. Owings Mills Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of T. Thomas

6. DATE OF BIRTH (month, day, and year) Aug 25 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) unk.

MOTHER

15. MAIDEN NAME Christian Johns

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Edith Tucker

(Address) 506 Robert St. Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Pleasant Hill Date June 2, 1939

19. UNDERTAKER Mrs. Geo. H. Rollard

(Address) 1639 Druid Hill Ave.

20. FILED 5/31, 1939 Jeff Garrett Vaughan Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 29 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1939, to May 29, 1939

I last saw her alive on May 29, 1939; death is said to have occurred on the date stated above, at 9:55 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cerebral Hemorrhage	5/25/39
Other Contributory Causes of importance: Chronic myocarditis	—

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) A. F. Ernsdal M. D.

(Address) Reisterstown. Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

v. s. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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JUN 27 1939
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (45-B) Reg. Dist. No. 33

CERTIFICATE OF DEATH

04743

1. PLACE OF DEATH
(a) County Baltimore
(b) City or town Glyndon, Md.
(If outside city or town limits, write RURAL and give town)
(c) Street address, ~~hospital or institution~~: 10 Waugh Ave. Glyndon, Md.
(d) Length of stay in hospital or inst. (~~yrs., mos., or days~~)
(e) Length of stay in this community (yrs., mos., or days) 6½ yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED
(a) State Md. (b) County Baltimore
(c) City or town Glyndon
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry A. Torrey.

3 (b) If veteran, name war Spanish American
3 (c) Social Security No.

4. Sex Male | 5. Color or race White | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~. married

6 (b) Name of husband or wife Helen A. Scheunborn.

6. (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) March 16, 1865

8. AGE: Years 74 | Months 2 | Days 2 | If less than one day ____hr. ____min.

9. Birthplace Chestnut Hill Penna.
(Town, county, and state)

10. Usual occupation Electrician.

11. Industry or business —

FATHER
12. Name Samuel Torry
13. Birthplace Dont Know

MOTHER
14. Maiden Name Mary Ann Prader
15. Birthplace dont Know.

16 (a) Informant Mrs. Henry A Torrey.
(b) Address 10 Waugh Ave, Glyndon

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20 1939 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park Cem.
Location Frederick Ave, Balto.

18 (a) Funeral director Wm. Berryman & Son
(b) Address Reisterstown, Md.

19 (a) May 19, 1939 (Date rec'd by registrar) (b) M. J. Trail Registrar

MEDICAL CERTIFICATION

20. Date of death May 18 1939, at 7 50a M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1939, to May 18 1939, and that I last saw him alive on May 17 1939.

Immediate cause of death	Duration
Carcinoma Tongue	7 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. F. Ernshaw M. D. or other
Address Reisterstown, Md Date signed May 18, 1939

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUN 2 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82a) Reg. Dist. No. 43

04744

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Balto.
(b) City or town Raspeburg (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 6804 Highview Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 8

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Raspeburg, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 6804 Highview Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Eliza Webb

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Wm R. Webb

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 18th 1860

8. AGE: Years 79 Months Days 15 If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Williams
13. Birthplace Va

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Mr Webb.
(b) Address 6804 Highview Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5 1939 (month) (day) (year)
(c) Cemetery or crematory New Port News
Location Va.

18 (a) Funeral director Lassahn Funeral Home
(b) Address 7401 Belair Rd.

19 (a) 5/3/39 (Date rec'd by registrar) (b) G. A. Fritz M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death May 3rd 1939, at 5 15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Corner Case 19, to 19, and that I last saw her alive on May 3rd 1939.

Immediate cause of death	Duration
Due to Cerebral Hemorrhage	
Due to	2 hrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations 1 W. Overlea ave
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Clarence G. Lukens Jr. M. D. or other
Address Fulleston Police Sta. Date signed 5/3/39

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 20 1939
BUREAU V. S.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

(82-2)

Registered No. 42

04745

1. PLACE OF DEATH County

(a) Baltimore ~~City~~, Maryland

(b) Street address 4205 Leeds ave Arbutus

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William M. Webb

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Mary A. Webb

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 22, 1860

8. AGE: Years 79 Months 1 Days 26 If less than one day hr. min.

9. Birthplace Brooklyn N.Y. (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business Retired

FATHER

12. Name William H. Webb

13. Birthplace Ireland

MOTHER

14. Maiden Name unknown

15. Birthplace Ireland

16 (a) Informant William S. Webb

(b) Address 4205 Leeds ave Arbutus

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-22-39 (month) (day) (year)

(c) Cemetery or crematory London Park

Location No # 116 Sec Holly

18 (a) Funeral director Frederick A. Cole

(b) Address 1200 W Lombard St.

19 (a) (Date rec'd by registrar) (b) May 19-39 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18th 1939, at A.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1939, to May 18 1939 and that I last saw him alive on May 18 1939.

Immediate cause of death	Duration
Hyp Arteriosclerosis Hypertension	indefinite
Due to Cerebral hemorrage	1 day.
Due to	
Other Conditions Peritoneal Hypertrophy?	

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy ✓

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ✓

(b) Date of occurrence ✓

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?

(e) Means of injury ✓

23. Signature F. A. Kyper

Address 3321 Freah Date signed 5/19/39 M. D.

VS 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (15) Reg. Dist. No. 31

CERTIFICATE OF DEATH

04746

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Granite, Md.
(If outside city or town limits, write RURAL and give town)
(c) Street address, ~~hospital or institution~~: Dellswood Road, Granite, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 60

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Granite
(If outside city or town limits, write RURAL and give town)
(d) Street No. Dellswood Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Mary B. Weller

3 (b) If ~~veteran, name war~~

3 (c) ~~Social Security~~ No.

4. Sex Female | 5. Color or race White | 6 (a) Single, ~~married, widowed, or divorced~~. Single

6 (b) Name of husband or wife

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 17, 1871

8. AGE: Years 67 | Months 7 | Days 14 | If less than one day ____ hr. ____ min.

9. Birthplace Reisterstown, Md.
(Town, county, and state)

10. Usual occupation House work.

11. Industry or business —

FATHER
12. Name William F. Weller.
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Wilmina Berryman
15. Birthplace Reisterstown, Md.

16 (a) Informant Laura Weller
(b) Address Granite Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2, 1939 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Reisterstown road, Pikesville

18 (a) Funeral director Wm. Berryman & Sons.
(b) Address Reisterstown, Md.

19 (a) June 1 1939 (Date rec'd by registrar) (b) Wm. E. Martin Registrar

MEDICAL CERTIFICATION

20. Date of death May 31 1939, at 1.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1939, to May 31 1939, and that I last saw him alive on May 30 1939.

Immediate cause of death	Duration
Erysipelas	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. E. Martin, M.D. (M. D. or other)
Address Randallstown Date signed 5/31/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 3 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04747

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

51-C

1. PLACE OF DEATH

County Balto. Co. Registration Dist. No. 33

Village or City Delight No. Nicodemus & Delight Rds Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George L. White If U. S. Veteran, specify WAR

(a) Residence: No. Nicodemus & Delight Rds Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie S. White

6. DATE OF BIRTH (month, day, and year) June 22, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Blender

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Hunter Balto Rye

10. Date deceased last worked at this occupation (month and year) Dec 1, 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wm White

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Anna Maria Smith

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Nellie S. White (Address) Nicodemus & Delight Rd

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date May 4, 1939

19. UNDERTAKER Wm Tickner Sons (Address) North Ave.

20. FILED May 3, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 1 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 12-23, 1938, to May 1, 1939

I last saw him alive on May 1, 1939; death is said to have occurred on the date stated above, at 1140 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	1938 ?
Other Contributory Causes of importance: Fracture of left Femur (Pathological)	Dec '38
Carcinomatosis	apr '39.

Name of operation Reduction of Femur Date of Dec '38.

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? None Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) D. D. Caplis M. D.

(Address) Reisterstown, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED JUN 2 1939 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. D. D. Eagles - Reisterstown - Md.

04748

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 44

Village or City Sparrows Point No. 410 E. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Conrad Widman If U. S. Veteran, specify WAR

(a) Residence: No. 410 E St. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Marion Widman

6. DATE OF BIRTH (month, day, and year): Feb. 9 1863

7. AGE: Years 76 | Months 3 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Clerk - Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Bethlehem Steel Co.

10. Date deceased last worked at this occupation (month and year): 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: John Widman

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Mary Katherine Haap.

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs Annie M. Widman 410 E. St Sparrows Pt

18. BURIAL, CREMATION, OR REMOVAL Place: London Park Date: May 20, 1939

19. UNDERTAKER (Address): Wm Hickner Sons North & Pa aves.

20. FILED: May 18, 1939 Dawson L. Harber Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 18 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 1932, 19, to May 18, 1939

I last saw him alive on May 17th, 1939; death is said to have occurred on the date stated above, at 1220 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1932
Other Contributory Causes of importance: Cerebral Hemorrhage	1939

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Frank C. Eldred

(Signed) M. D.

(Address) Sparrows Point

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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MAY 23 1939
BUREAU V.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. F. C. Eldred 502 C Ry.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (97)

Reg. Dist. No. 35

04749

CERTIFICATE OF DEATH

VS. A45 (T)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town White Hall
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 80 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Richard H. Wiley

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Bettie M. Wiley

6. (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Oct 23 - 1858

8. **AGE:** Years 80 | Months 6 | Days 22 | If less than one day ____hr. ____min.

9. Birthplace Baltimore Co
(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Thomas H. Wiley
13. Birthplace Harford Co.

MOTHER
14. Maiden Name Rebecca Ann Wiley
15. Birthplace Harford Co. Md.

16 (a) Informant Mr. Howard H. Wiley
(b) Address White Hall, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17-39 (month) (day) (year)
(c) Cemetery or crematory Bethel
Location White Hall R.F.D.

18 (a) Funeral director P. Manfuso Son
(b) Address White Hall Md.

19 (a) May 16, 39 (Date rec'd by registrar) (b) M. Bortner Jr. D. Registrar

MEDICAL CERTIFICATION

20. Date of death May 15 1939, at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1935, to May 16 1939, and that I last saw him alive on May 15 1939.

Immediate cause of death	Duration
Arteriosclerosis	7 yrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. **Signature** Milner Bortner Jr. D. (M. D. or other)
Address White Hall Date signed May 16, 39

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JUN 9 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04750

(158)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 30

Village or City Catonsville, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Nelson Wilson If U. S. Veteran, specify WAR

(a) Residence: No. #5 Jones Ave Catonsville, Ward, Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	C	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant Not Married

6. DATE OF BIRTH (month, day, and year) July 25, 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Johey Wade

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mabel Wilson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Ella Wilson, Catonsville, Md.

18. BURIAL, CREMATION, OR REMOVAL Place West Liberty Date 5-18, 1939

19. UNDERTAKER (Address) F. C. Higinbotham, Elliott City Md

20. FILED May 17, 1939 Marshall B West Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 17 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from —, 19 , to —, 19

I last saw h — alive on —, 19 ; death is said to have occurred on the date stated above, at about 6 a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Convulsions, shortly before death. Infant was ill, three hours. O.K. John B. Rowe, Coroner Improper feeding. C.W.K.R.	May 17-39

Other Contributory Causes of Importance: Colds ? Unk. No further information

Name of operation Date of

Whet test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Neture of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Marshall B West Dead M. D.

(Address) Catonsville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(T)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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JUN 2 1969
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (93-C)

04751

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
County Baltimore
City or town Catonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Spring Grove State Hosp.
Stay in hospital or inst. (yrs., or mos., or days) 3-7-29
Stay in this community (yrs., or mos., or days) 30 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Baltimore
City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 4501 Wentworth Rd.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Wilber J. Winder
3. (b) Social Security Number

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 25, 1857
8. AGE: Years 81 Months 9 Days 28 If less than one day hrs. min.
9. Birthplace Virginia (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business Unknown
FATHER 12. Name John Winder
13. Birthplace Va.
MOTHER 14. Maiden name Unknown
15. Birthplace Va.
16. Informant Spring Grove Hosp. Records
Address Catonsville, Md.
17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof May 25th 1939 (month) (day) (year)
Cemetery or crematory Meadville Farm Cem, Onancock Va
Location
18. Funeral director Wm Cook
Address 1217 St. Paul st Balto Md
19. 5/24 1939 (Date rec'd by registrar) [signature] Registrar
Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1939, at 5:35 PM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 24 1935, to May 23 1939.
and that I last saw him alive on May 23 1939.

		DURATION
Immediate cause of death	Broncho Pneumonia	2 days
Due to	Chr. myocarditis	Before 1935
~~Due to~~	Left diaphragmatic hernia	Before 1935
Other conditions	Senile Psychosis	Before 1935

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy As given above

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Serge Anshop, M. D. or other
Address Catonville, Md. Date signed 5/23/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MAY 25 1939
BUREAU V. S.

582

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (134)

Reg. Dist. No. 44

04752

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Bradshaw Balto Co Md
(b) City or town
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Bradshaw
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Sidonia Yancy

3 (b) If veteran, name war

3 (c) Social Security No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	married

6 (b) Name of husband or wife Harrison Yancy.
6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2 - 10 - 1877

8. AGE: 62 Years	Months	Days	If less than one day
	2	7	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name B Cockwell
13. Birthplace Va

MOTHER
14. Maiden Name Sarah Williams
15. Birthplace Md

16 (a) Informant Harrison Yancy.
(b) Address Bradshaw Md

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-12-39 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Baltimore City Md

18 (a) Funeral director Mrs Samuel T Hemsley.
(b) Address 518 N Bradford St

19 (a) May 11-39 (Date rec'd by registrar) (b) John J. Connelly Registrar

MEDICAL CERTIFICATION

20. Date of death May 8 1939, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1935, to May 8 1939, and that I last saw her alive on May 8 1939.

Immediate cause of death	Duration
Heart failure	
Due to Chronic Nephritis with hypertension	not Known
Due to Myocarditis	not Known
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations V
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Fred O Hodous M. D. or other
Address Edgewood, Md Date signed 5-8-39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUN 5 1906
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04753 38

1. PLACE OF DEATH 93-D

County Baltimore County Registration Dist. No. 3698

Village or City Towson No. 114 Chesapeake Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Levenia Young

(a) Residence: No. 114 Chesapeake Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Oliver Young

6. DATE OF BIRTH (month, day, and year): Jan. 1 1859

7. AGE: Years 80; Months ~~Jan~~ 4; Days 27; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: House work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Own home

10. Date deceased last worked at this occupation (month and year): 5-15-39

11. Total time (years) spent in this occupation: unknown

12. BIRTHPLACE (city or town) (State or country): West river md

FATHER

13. NAME: John Brown

14. BIRTHPLACE (city or town) (State or country): West river md

MOTHER

15. MAIDEN NAME: Madaline Burke

16. BIRTHPLACE (city or town) (State or country): West river

17. INFORMANT (Address): Julia Johnson 114 Chesapeake Ave

18. BURIAL, CREMATION, OR REMOVAL Place: Pleasant Rest Date: June 1, 1939

19. UNDERTAKER (Address): Mrs. George H. Holland 1631 Druid Hill Ave

20. FILED: 5/31, 1939 W. Carroll Van Horn Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 5 (Month) 28 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 5-15, 1939, to 5-28-, 1939

I last saw her alive on 5-27, 1939; death is said to have occurred on the date stated above, at 9 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Myocarditis	Unknown

Other Contributory Causes of importance: Unknown — Unknown

Name of operation: Date of

What test confirmed diagnosis? Physical examination Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Frank Haunders M. D.

(Address) 1029 N. Stricker St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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JUL 5 1928
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

04754

1. PLACE OF DEATH 4-B

County Baltimore Registration Dist. No. 30

Village or City Catonsville No. Wilkens Ave. & Maiden Choice St. Lane Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Annie M. Zaiser If U. S. Veteran, specify WAR

(a) Residence: No. Wilkens Ave. & Maiden Choice Lane Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5e. If married, widowad, or divorced HUSBAND of (or) WIFE of George J. Zaiser

6. DATE OF BIRTH (month, day, and year) Feb. 18, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland.

FATHER

13. NAME Henry Meeth

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Tribby

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT George J. Zaiser
(Address) Wilton Farm, Catonsville, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemetery Date May 30, 19 39

19. UNDERTAKER Easton Sons
(Address) Ellicott City, Maryland

20. FILED 5/29, 19 39 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 27 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attendad deceased from August 2, 1938, to May 27, 1939

I last saw her alive on May 27, 1939; deeth is said to have occurred on the date stated above, at 9.28 P.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importence were as follows:

	Date of onset
Carcinoma of the Stomach	1937

Other **Contributory Causes** of importance:

Generalized Metastasis	Jan 1939

Name of operation Gastro enterostomy Date of 12-1-38

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIDLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Whara did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Neture of injury

24. Was diseasa or injury in any way ralated to occupation of decaased? No

If so, spacify

(Signed) Myer Stowell M. D.

(Address) Catonsville, Md.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04755

(48)

Reg. Dist. No. 43

1. PLACE OF DEATH:
County: Balto
City or town: Bradshaw
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Jones Road
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 15 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Balto Co
City or town: Bradshaw Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Jones Farm
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Florence Edna Zealor.
3. (b) Social Security Number:

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: married
B (b) Name of husband ~~or wife~~: Jas C. Zealor
6(c) If alive, give age: 41 years
7. Birth date of deceased (mo., day, yr.): Feb 21st 1903
8. AGE: Years: 36 Months: 2 Days: 28 If less than one day: hrs. min.
9. Birthplace: Glenarm Balto Co Md
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:
FATHER
12. Name: C. E. Burton
13. Birthplace: Hydes Balto Co Md
MOTHER
14. Maiden name: Martha Burton
15. Birthplace: Hydes Balto Co Md
16. Informant: James C. Zealor
Address: Bradshaw Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 22 1938 (month) (day) (year)
Cemetery or crematory: Waugh Cemetery
Location: Greenwood Md
18. Funeral director: Frederick Lassahn & Sons
Address: 7401 Belair Road
19. 5/19 1939 (Date rec'd by registrar) G. A. Fitz M. D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 19 1939, at 4 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 5 1938, to March 21 1939, and that I last saw her alive on Mar 21 1939.
Immediate cause of death: Carcinoma of The Cervix Uteri with Extension and Metastasis
Due to: Unknown
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: Carcinoma of Cervix Uteri
Of autopsy: Not done

DURATION: One Year

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Beverley C. Compton M. D. or other
Address: 1014 St Paul St. Date signed: May 19, 1939

M J Birmingham Comm Balto Co

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JUN 5 1930
BUREAU V. S.